

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

The Northwestern Mutual Life Insurance Company Federal PAC

ADDRESS (number and street)

720 E Wisconsin Ave

☐Check if different
than previously
reported. (ACC)

Milwaukee

WI

53202

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00197095

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☒

Special (12G)

Election on

1 2

0 8

2 0 0 9

in the
State of

MA

(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

0 7

0 1

2 0 0 9

through

1 1

1 8

2 0 0 9

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Loretta Mlekoday

Signature of Treasurer

Electronically Filed by Loretta Mlekoday

Date

1 1

2 4

2 0 0 9

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 574

Write or Type Committee Name

The Northwestern Mutual Life Insurance Company Federal PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
1	1	1	8	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		210295.23
(b) Cash on Hand at Beginning of Reporting Period	142214.07	
(c) Total Receipts (from Line 19)	134036.08	302910.76
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	276250.15	513205.99
7. Total Disbursements (from Line 31)	109154.06	346109.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	167096.09	167096.09
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

3 / 574

Write or Type Committee Name

The Northwestern Mutual Life Insurance Company Federal PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
1	1	0	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	112966.38	228969.76
(ii) Unitemized	21064.94	72927.72
(iii) TOTAL (add Lines 11(a)(i) and (ii)	134031.32	301897.48
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	134031.32	301897.48
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	4.76	13.28
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	134036.08	302910.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	134036.08	302910.76

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	279.06	583.65	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	279.06	583.65	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	108500.00	333651.25	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	375.00	375.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	375.00	375.00	
29. Other Disbursements.....	0.00	11500.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	109154.06	346109.90	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	109154.06	346109.90	

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	134031.32	301897.48
34. Total Contribution Refunds (from Line 28(d))	375.00	375.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	133656.32	301522.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	279.06	583.65
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	279.06	583.65

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John M. Abbott

Mailing Address 609 Laurel Drive

City

Thiensville

State

WI

Zip Code

53092-1323

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Fld Invst

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	9	

Transaction ID: 20091105152628-521

Amount of Each Receipt this Period

11.00

B.

Full Name (Last, First, Middle Initial)

John M. Abbott

Mailing Address 609 Laurel Drive

City

Thiensville

State

WI

Zip Code

53092-1323

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Fld Invst

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	9	

Transaction ID: 2009111816423-522

Amount of Each Receipt this Period

11.00

C.

Full Name (Last, First, Middle Initial)

Mark J. Backe

Mailing Address 4419 N Wildwood Avenue

City

Shorewood

State

WI

Zip Code

53211-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	9	

Transaction ID: 20090804-681-10-0

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

42.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark J. Backe

Mailing Address 4419 N Wildwood Avenue

City

Shorewood

State

WI

Zip Code

53211-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-748-14-15

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Mark J. Backe

Mailing Address 4419 N Wildwood Avenue

City

Shorewood

State

WI

Zip Code

53211-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-748-15-1

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Mark J. Backe

Mailing Address 4419 N Wildwood Avenue

City

Shorewood

State

WI

Zip Code

53211-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-744-17-1

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark J. Backe

Mailing Address 4419 N Wildwood Avenue

City

Shorewood

State

WI

Zip Code

53211-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-671

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Mark J. Backe

Mailing Address 4419 N Wildwood Avenue

City

Shorewood

State

WI

Zip Code

53211-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-670

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Mark J. Backe

Mailing Address 4419 N Wildwood Avenue

City

Shorewood

State

WI

Zip Code

53211-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-670

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark J. Backe

Mailing Address 4419 N Wildwood Avenue

City

Shorewood

State

WI

Zip Code

53211-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-670

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Jerome Robert Baier

Mailing Address 19820 Tralee Court

City

Brookfield

State

WI

Zip Code

53045-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1071.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-724-13-0

Amount of Each Receipt this Period

51.00

C.

Full Name (Last, First, Middle Initial)

Jerome Robert Baier

Mailing Address 19820 Tralee Court

City

Brookfield

State

WI

Zip Code

53045-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1071.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-723-10-0

Amount of Each Receipt this Period

51.00

SUBTOTAL of Receipts This Page (optional)

122.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jerome Robert Baier

Mailing Address 19820 Tralee Court

City

Brookfield

State

WI

Zip Code

53045-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1071.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-790-14-15

Amount of Each Receipt this Period

51.00

B.

Full Name (Last, First, Middle Initial)

Jerome Robert Baier

Mailing Address 19820 Tralee Court

City

Brookfield

State

WI

Zip Code

53045-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1071.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-790-15-1

Amount of Each Receipt this Period

51.00

C.

Full Name (Last, First, Middle Initial)

Jerome Robert Baier

Mailing Address 19820 Tralee Court

City

Brookfield

State

WI

Zip Code

53045-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1071.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-785-17-1

Amount of Each Receipt this Period

51.00

SUBTOTAL of Receipts This Page (optional)

153.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jerome Robert Baier

Mailing Address 19820 Tralee Court

City

Brookfield

State

WI

Zip Code

53045-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1071.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-712

Amount of Each Receipt this Period

51.00

B.

Full Name (Last, First, Middle Initial)

Jerome Robert Baier

Mailing Address 19820 Tralee Court

City

Brookfield

State

WI

Zip Code

53045-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1071.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-711

Amount of Each Receipt this Period

51.00

C.

Full Name (Last, First, Middle Initial)

Jerome Robert Baier

Mailing Address 19820 Tralee Court

City

Brookfield

State

WI

Zip Code

53045-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1071.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-711

Amount of Each Receipt this Period

51.00

SUBTOTAL of Receipts This Page (optional)

153.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jerome Robert Baier

Mailing Address 19820 Tralee Court

City

Brookfield

State

WI

Zip Code

53045-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1071.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-711

Amount of Each Receipt this Period

51.00

B.

Full Name (Last, First, Middle Initial)

David A. Barras

Mailing Address 8700 W Bennington Court

City

Mequon

State

WI

Zip Code

53097-3440

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-704-13-0

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

David A. Barras

Mailing Address 8700 W Bennington Court

City

Mequon

State

WI

Zip Code

53097-3440

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-703-10-0

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

101.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David A. Barras

Mailing Address 8700 W Bennington Court

City

Mequon

State

WI

Zip Code

53097-3440

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-770-14-15

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

David A. Barras

Mailing Address 8700 W Bennington Court

City

Mequon

State

WI

Zip Code

53097-3440

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-770-15-1

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

David A. Barras

Mailing Address 8700 W Bennington Court

City

Mequon

State

WI

Zip Code

53097-3440

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-765-17-1

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David A. Barras

Mailing Address 8700 W Bennington Court

City

Mequon

State

WI

Zip Code

53097-3440

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-692

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

David A. Barras

Mailing Address 8700 W Bennington Court

City

Mequon

State

WI

Zip Code

53097-3440

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-691

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

David A. Barras

Mailing Address 8700 W Bennington Court

City

Mequon

State

WI

Zip Code

53097-3440

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-691

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David A. Barras

Mailing Address 8700 W Bennington Court

City

Mequon

State

WI

Zip Code

53097-3440

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-691

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Rebekah B. Barsch

Mailing Address 4842 N Bartlett Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-6016

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Strat Plng & Cnsltng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-849-10-0

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Rebekah B. Barsch

Mailing Address N46 W5455 Spring Court

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Strat Plng & Cnsltng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-916-14-15

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

55.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Rebekah B. Barsch

Mailing Address N46 W5455 Spring Court

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Strat Plng & Cnsltg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-916-15-1

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Rebekah B. Barsch

Mailing Address N46 W5455 Spring Court

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Strat Plng & Cnsltg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-911-17-1

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Rebekah B. Barsch

Mailing Address N46 W5455 Spring Court

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Strat Plng & Cnsltg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-838

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Rebekah B. Barsch

Mailing Address N46 W5455 Spring Court

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Strat Plng & Cnsltg

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-837

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Rebekah B. Barsch

Mailing Address N46 W5455 Spring Court

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Strat Plng & Cnsltg

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-837

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Rebekah B. Barsch

Mailing Address N46 W5455 Spring Court

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Strat Plng & Cnsltg

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-837

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gary H Barsness

Mailing Address 1671 Deer Springs Circle

City

Bettendorf

State

IA

Zip Code

52722-7148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1184-13-1

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Gary H Barsness

Mailing Address 1671 Deer Springs Circle

City

Bettendorf

State

IA

Zip Code

52722-7148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1182-10-0

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Gary H Barsness

Mailing Address 1671 Deer Springs Circle

City

Bettendorf

State

IA

Zip Code

52722-7148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-7-14-0

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gary H Barsness

Mailing Address 1671 Deer Springs Circle

City

Bettendorf

State

IA

Zip Code

52722-7148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-7-14-46

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Gary H Barsness

Mailing Address 1671 Deer Springs Circle

City

Bettendorf

State

IA

Zip Code

52722-7148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-7-16-16

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Gary H Barsness

Mailing Address 1671 Deer Springs Circle

City

Bettendorf

State

IA

Zip Code

52722-7148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-7

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gary H Barsness

Mailing Address 1671 Deer Springs Circle

City

Bettendorf

State

IA

Zip Code

52722-7148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-7

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Gary H Barsness

Mailing Address 1671 Deer Springs Circle

City

Bettendorf

State

IA

Zip Code

52722-7148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-7

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Gary H Barsness

Mailing Address 1671 Deer Springs Circle

City

Bettendorf

State

IA

Zip Code

52722-7148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-7

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Douglas P. Bates

Mailing Address 5413 Mount Corcoran Place

City

Burke

State

VA

Zip Code

22015-2188

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-573-13-0

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

Douglas P. Bates

Mailing Address 5413 Mount Corcoran Place

City

Burke

State

VA

Zip Code

22015-2188

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-573-10-0

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

Douglas P. Bates

Mailing Address 5413 Mount Corcoran Place

City

Burke

State

VA

Zip Code

22015-2188

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-641-14-15

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Douglas P. Bates

Mailing Address 5413 Mount Corcoran Place

City

Burke

State

VA

Zip Code

22015-2188

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-641-15-1

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

Douglas P. Bates

Mailing Address 5413 Mount Corcoran Place

City

Burke

State

VA

Zip Code

22015-2188

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-639-17-1

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

Douglas P. Bates

Mailing Address 5413 Mount Corcoran Place

City

Burke

State

VA

Zip Code

22015-2188

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-565

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 574

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Douglas P. Bates

Mailing Address 5413 Mount Corcoran Place

City

Burke

State

VA

Zip Code

22015-2188

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-564

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

Douglas P. Bates

Mailing Address 5413 Mount Corcoran Place

City

Burke

State

VA

Zip Code

22015-2188

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-564

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

Douglas P. Bates

Mailing Address 5413 Mount Corcoran Place

City

Burke

State

VA

Zip Code

22015-2188

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-565

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 24 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Blaise C. Beaulier

Mailing Address 23300 Dover Line Road

City

Waterford

State

WI

Zip Code

53185-4908

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1000-13-0

Amount of Each Receipt this Period

26.00

B.

Full Name (Last, First, Middle Initial)

Blaise C. Beaulier

Mailing Address 23300 Dover Line Road

City

Waterford

State

WI

Zip Code

53185-4908

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-998-10-0

Amount of Each Receipt this Period

26.00

C.

Full Name (Last, First, Middle Initial)

Blaise C. Beaulier

Mailing Address 23300 Dover Line Road

City

Waterford

State

WI

Zip Code

53185-4908

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1065-14-15

Amount of Each Receipt this Period

26.00

SUBTOTAL of Receipts This Page (optional)

78.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 25 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Mailing Address 23300 Dover Line Road

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WI

Zip Code

53185-4908

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1065-15-1

Amount of Each Receipt this Period

26.00

B.

Full Name (Last, First, Middle Initial)

Blaise C. Beaulier

Mailing Address 23300 Dover Line Road

City

Waterford

State

WI

Zip Code

53185-4908

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1058-17-1

Amount of Each Receipt this Period

26.00

C.

Full Name (Last, First, Middle Initial)

Blaise C. Beaulier

Mailing Address 23300 Dover Line Road

City

Waterford

State

WI

Zip Code

53185-4908

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-984

Amount of Each Receipt this Period

26.00

SUBTOTAL of Receipts This Page (optional)

78.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

Blaise C. Beaulier

Mailing Address 23300 Dover Line Road

City

Waterford

State

WI

Zip Code

53185-4908

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-983

Amount of Each Receipt this Period

26.00

B.

Full Name (Last, First, Middle Initial)

Blaise C. Beaulier

Mailing Address 23300 Dover Line Road

City

Waterford

State

WI

Zip Code

53185-4908

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-983

Amount of Each Receipt this Period

26.00

C.

Full Name (Last, First, Middle Initial)

Blaise C. Beaulier

Mailing Address 23300 Dover Line Road

City

Waterford

State

WI

Zip Code

53185-4908

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-982

Amount of Each Receipt this Period

26.00

SUBTOTAL of Receipts This Page (optional)

78.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 27 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mitchell C Beer

Mailing Address 3387 Hampton Court

City

Thousand Oaks

State

CA

Zip Code

91362-1130

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1222-13-1

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Mitchell C Beer

Mailing Address 3387 Hampton Court

City

Thousand Oaks

State

CA

Zip Code

91362-1130

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1219-10-0

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Mitchell C Beer

Mailing Address 3387 Hampton Court

City

Thousand Oaks

State

CA

Zip Code

91362-1130

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-44-14-0

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 28 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mitchell C Beer

Mailing Address 3387 Hampton Court

City

Thousand Oaks

State

CA

Zip Code

91362-1130

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-44-14-46

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Mitchell C Beer

Mailing Address 3387 Hampton Court

City

Thousand Oaks

State

CA

Zip Code

91362-1130

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-45-16-16

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Mitchell C Beer

Mailing Address 3387 Hampton Court

City

Thousand Oaks

State

CA

Zip Code

91362-1130

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-45

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 29 / 574

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

Mitchell C Beer

Mailing Address 3387 Hampton Court

City

Thousand Oaks

State

CA

Zip Code

91362-1130

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-45

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Mitchell C Beer

Mailing Address 3387 Hampton Court

City

Thousand Oaks

State

CA

Zip Code

91362-1130

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-45

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Mitchell C Beer

Mailing Address 3387 Hampton Court

City

Thousand Oaks

State

CA

Zip Code

91362-1130

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-45

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John P Bender

Mailing Address 116 Belden Hill Road

City

Wilton

State

CT

Zip Code

06897-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1225-13-1

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

John P Bender

Mailing Address 116 Belden Hill Road

City

Wilton

State

CT

Zip Code

06897-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1222-10-0

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

John P Bender

Mailing Address 116 Belden Hill Road

City

Wilton

State

CT

Zip Code

06897-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-47-14-0

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 31 / 574

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John P Bender

Mailing Address 116 Belden Hill Road

City

Wilton

State

CT

Zip Code

06897-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-47-14-46

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

John P Bender

Mailing Address 116 Belden Hill Road

City

Wilton

State

CT

Zip Code

06897-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-48-16-16

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

John P Bender

Mailing Address 116 Belden Hill Road

City

Wilton

State

CT

Zip Code

06897-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-48

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 32 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

John P Bender

Mailing Address 116 Belden Hill Road

City

Wilton

State

CT

Zip Code

06897-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-48

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

John P Bender

Mailing Address 116 Belden Hill Road

City

Wilton

State

CT

Zip Code

06897-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-48

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

John P Bender

Mailing Address 116 Belden Hill Road

City

Wilton

State

CT

Zip Code

06897-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-48

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Beth M. Berger

Mailing Address 4141 N Murray Avenue

City

Shorewood

State

WI

Zip Code

53211-2011

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-568-13-0

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Beth M. Berger

Mailing Address 4141 N Murray Avenue

City

Shorewood

State

WI

Zip Code

53211-2011

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-568-10-0

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Beth M. Berger

Mailing Address 4141 N Murray Avenue

City

Shorewood

State

WI

Zip Code

53211-2011

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-636-14-15

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Beth M. Berger

Mailing Address 4141 N Murray Avenue

City

Shorewood

State

WI

Zip Code

53211-2011

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	9	

Transaction ID: 20090902-636-15-1

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Beth M. Berger

Mailing Address 4141 N Murray Avenue

City

Shorewood

State

WI

Zip Code

53211-2011

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	9	

Transaction ID: 20090921-634-17-1

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Beth M. Berger

Mailing Address 4141 N Murray Avenue

City

Shorewood

State

WI

Zip Code

53211-2011

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	9	

Transaction ID: 20091008104013-560

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Beth M. Berger

Mailing Address 4141 N Murray Avenue

City

Shorewood

State

WI

Zip Code

53211-2011

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-559

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Beth M. Berger

Mailing Address 4141 N Murray Avenue

City

Shorewood

State

WI

Zip Code

53211-2011

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-559

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Beth M. Berger

Mailing Address 4141 N Murray Avenue

City

Shorewood

State

WI

Zip Code

53211-2011

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-560

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Frederick W. Besette

Mailing Address N43 W33223 Glen Parc

City

Nashotah

State

WI

Zip Code

53058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-520

Amount of Each Receipt this Period

11.00

B.

Full Name (Last, First, Middle Initial)

Mark S. Bishop

Mailing Address 1140 Burnet Street

City

Brookfield

State

WI

Zip Code

53005-6835

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

609.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1025-13-0

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Mark S. Bishop

Mailing Address 1140 Burnet Street

City

Brookfield

State

WI

Zip Code

53005-6835

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

609.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1023-10-0

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

61.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark S. Bishop

Mailing Address 1140 Burnet Street

City

Brookfield

State

WI

Zip Code

53005-6835

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

609.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1090-14-15

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mark S. Bishop

Mailing Address 1140 Burnet Street

City

Brookfield

State

WI

Zip Code

53005-6835

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

609.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1090-15-1

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Mark S. Bishop

Mailing Address 1140 Burnet Street

City

Brookfield

State

WI

Zip Code

53005-6835

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

609.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1082-17-1

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark S. Bishop

Mailing Address 1140 Burnet Street

City

Brookfield

State

WI

Zip Code

53005-6835

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

609.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: 20091008104013-1008

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mark S. Bishop

Mailing Address 1140 Burnet Street

City

Brookfield

State

WI

Zip Code

53005-6835

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

609.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Transaction ID: 20091015164625-1007

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Mark S. Bishop

Mailing Address 1140 Burnet Street

City

Brookfield

State

WI

Zip Code

53005-6835

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

609.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	9

Transaction ID: 20091105152628-1007

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark S. Bishop

Mailing Address 1140 Burnet Street

City

Brookfield

State

WI

Zip Code

53005-6835

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

609.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1006

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Dwaan C Black

Mailing Address 3520 Dumbarton Drive

City

Atlanta

State

GA

Zip Code

30327-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1218-13-1

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Dwaan C Black

Mailing Address 3520 Dumbarton Drive

City

Atlanta

State

GA

Zip Code

30327-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1215-10-0

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

109.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Dwaan C Black

Mailing Address 3520 Dumbarton Drive

City

Atlanta

State

GA

Zip Code

30327-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-40-14-0

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Dwaan C Black

Mailing Address 3520 Dumbarton Drive

City

Atlanta

State

GA

Zip Code

30327-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-40-14-46

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Dwaan C Black

Mailing Address 3520 Dumbarton Drive

City

Atlanta

State

GA

Zip Code

30327-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-41-16-16

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Dwaan C Black

Mailing Address 3520 Dumbarton Drive

City

Atlanta

State

GA

Zip Code

30327-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-41

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Dwaan C Black

Mailing Address 3520 Dumbarton Drive

City

Atlanta

State

GA

Zip Code

30327-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-41

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Dwaan C Black

Mailing Address 3520 Dumbarton Drive

City

Atlanta

State

GA

Zip Code

30327-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-41

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Dwaan C Black

Mailing Address 3520 Dumbarton Drive

City

Atlanta

State

GA

Zip Code

30327-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-41

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Garrett J Bleakley

Mailing Address 5460 Chelsea Avenue

City

La Jolla

State

CA

Zip Code

92037-7607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1197-13-1

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Garrett J Bleakley

Mailing Address 5460 Chelsea Avenue

City

La Jolla

State

CA

Zip Code

92037-7607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1195-10-0

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

92.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Garrett J Bleakley

Mailing Address 5460 Chelsea Avenue

City

La Jolla

State

CA

Zip Code

92037-7607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-20-14-0

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Garrett J Bleakley

Mailing Address 5460 Chelsea Avenue

City

La Jolla

State

CA

Zip Code

92037-7607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-20-14-46

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Garrett J Bleakley

Mailing Address 5460 Chelsea Avenue

City

La Jolla

State

CA

Zip Code

92037-7607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-20-16-16

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Garrett J Bleakley

Mailing Address 5460 Chelsea Avenue

City

La Jolla

State

CA

Zip Code

92037-7607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-20

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Garrett J Bleakley

Mailing Address 5460 Chelsea Avenue

City

La Jolla

State

CA

Zip Code

92037-7607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-20

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Garrett J Bleakley

Mailing Address 5460 Chelsea Avenue

City

La Jolla

State

CA

Zip Code

92037-7607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-20

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Garrett J Bleakley

Mailing Address 5460 Chelsea Avenue

City

La Jolla

State

CA

Zip Code

92037-7607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 20091118163132-20

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Deborah S. Bletzinger

Mailing Address 3146 South 29th Stre

City

Milwaukee

State

WI

Zip Code

53215

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Assistant Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Transaction ID: 20091015164625-957

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

Deborah S. Bletzinger

Mailing Address 3146 South 29th Stre

City

Milwaukee

State

WI

Zip Code

53215

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Assistant Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	9

Transaction ID: 20091105152628-957

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

49.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Deborah S. Bletzinger

Mailing Address 3146 South 29th Stre

City

Milwaukee

State

WI

Zip Code

53215

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Assistant Med Dir

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-957

Amount of Each Receipt this Period

12.00

B.

Full Name (Last, First, Middle Initial)

Debra Blevons Wascher

Mailing Address 165 S Pine Court

City

Appleton

State

WI

Zip Code

54914-8222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Debra Blevons Agy LLC

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1245-13-1

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Debra Blevons Wascher

Mailing Address 165 S Pine Court

City

Appleton

State

WI

Zip Code

54914-8222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Debra Blevons Agy LLC

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1242-10-0

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

96.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Debra Blevons Wascher

Mailing Address 165 S Pine Court

City

Appleton

State

WI

Zip Code

54914-8222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Debra Blevons Agy LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-67-14-0

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Debra Blevons Wascher

Mailing Address 165 S Pine Court

City

Appleton

State

WI

Zip Code

54914-8222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Debra Blevons Agy LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-67-14-46

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Debra Blevons Wascher

Mailing Address 165 S Pine Court

City

Appleton

State

WI

Zip Code

54914-8222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Debra Blevons Agy LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-73-16-16

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Debra Blevons Wascher

Mailing Address 165 S Pine Court

City

Appleton

State

WI

Zip Code

54914-8222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Debra Blevons Agy LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-73

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Debra Blevons Wascher

Mailing Address 165 S Pine Court

City

Appleton

State

WI

Zip Code

54914-8222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Debra Blevons Agy LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-73

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Debra Blevons Wascher

Mailing Address 165 S Pine Court

City

Appleton

State

WI

Zip Code

54914-8222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Debra Blevons Agy LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-73

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Debra Blevons Wascher

Mailing Address 165 S Pine Court

City

Appleton

State

WI

Zip Code

54914-8222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Debra Blevons Agy LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-73

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Timothy J Bohannon

Mailing Address 8677 Alvarado Court

City

Inver Grove

State

MN

Zip Code

55077-3121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1199-13-1

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Timothy J Bohannon

Mailing Address 8677 Alvarado Court

City

Inver Grove

State

MN

Zip Code

55077-3121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1197-10-0

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

458.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Timothy J Bohannon

Mailing Address 8677 Alvarado Court

City

Inver Grove

State

MN

Zip Code

55077-3121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-22-14-0

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Timothy J Bohannon

Mailing Address 8677 Alvarado Court

City

Inver Grove

State

MN

Zip Code

55077-3121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-22-14-46

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Timothy J Bohannon

Mailing Address 8677 Alvarado Court

City

Inver Grove

State

MN

Zip Code

55077-3121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-22-16-16

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Timothy J Bohannon

Mailing Address 8677 Alvarado Court

City

Inver Grove

State

MN

Zip Code

55077-3121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-22

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Timothy J Bohannon

Mailing Address 8677 Alvarado Court

City

Inver Grove

State

MN

Zip Code

55077-3121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-22

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Timothy J Bohannon

Mailing Address 8677 Alvarado Court

City

Inver Grove

State

MN

Zip Code

55077-3121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-22

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Timothy J Bohannon

Mailing Address 8677 Alvarado Court

City

Inver Grove

State

MN

Zip Code

55077-3121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-22

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

David G Bostick

Mailing Address 5808 Pine Valley Drive

City

Flower Mound

State

TX

Zip Code

75022-6506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1210-13-1

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

David G Bostick

Mailing Address 5808 Pine Valley Drive

City

Flower Mound

State

TX

Zip Code

75022-6506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1207-10-0

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

458.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David G Bostick

Mailing Address 5808 Pine Valley Drive

City

Flower Mound

State

TX

Zip Code

75022-6506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-32-14-0

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

David G Bostick

Mailing Address 5808 Pine Valley Drive

City

Flower Mound

State

TX

Zip Code

75022-6506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-32-14-46

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

David G Bostick

Mailing Address 5808 Pine Valley Drive

City

Flower Mound

State

TX

Zip Code

75022-6506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-32-16-16

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David G Bostick

Mailing Address 5808 Pine Valley Drive

City

Flower Mound

State

TX

Zip Code

75022-6506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-32

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

David G Bostick

Mailing Address 5808 Pine Valley Drive

City

Flower Mound

State

TX

Zip Code

75022-6506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-32

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

David G Bostick

Mailing Address 5808 Pine Valley Drive

City

Flower Mound

State

TX

Zip Code

75022-6506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-32

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David G Bostick

Mailing Address 5808 Pine Valley Drive

City

Flower Mound

State

TX

Zip Code

75022-6506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-32

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Sandra L. Botcher

Mailing Address 15375 Kata Drive

City

Elm Grove

State

WI

Zip Code

53122-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-Era

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-859-13-0

Amount of Each Receipt this Period

24.00

C.

Full Name (Last, First, Middle Initial)

Sandra L. Botcher

Mailing Address 15375 Kata Drive

City

Elm Grove

State

WI

Zip Code

53122-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-Era

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-858-10-0

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)

173.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Sandra L. Botcher

Mailing Address 15375 Kata Drive

City

Elm Grove

State

WI

Zip Code

53122-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP-Era

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-925-14-15

Amount of Each Receipt this Period

24.00

B.

Full Name (Last, First, Middle Initial)

Sandra L. Botcher

Mailing Address 15375 Kata Drive

City

Elm Grove

State

WI

Zip Code

53122-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP-Era

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-925-15-1

Amount of Each Receipt this Period

24.00

C.

Full Name (Last, First, Middle Initial)

Sandra L. Botcher

Mailing Address 15375 Kata Drive

City

Elm Grove

State

WI

Zip Code

53122-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP-Era

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-920-17-1

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)

72.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Sandra L. Botcher

Mailing Address 15375 Kata Drive

City

Elm Grove

State

WI

Zip Code

53122-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP-Era

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-847

Amount of Each Receipt this Period

24.00

B.

Full Name (Last, First, Middle Initial)

Sandra L. Botcher

Mailing Address 15375 Kata Drive

City

Elm Grove

State

WI

Zip Code

53122-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP-Era

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-846

Amount of Each Receipt this Period

24.00

C.

Full Name (Last, First, Middle Initial)

Sandra L. Botcher

Mailing Address 15375 Kata Drive

City

Elm Grove

State

WI

Zip Code

53122-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP-Era

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-846

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)

72.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Sandra L. Botcher

Mailing Address 15375 Kata Drive

City

Elm Grove

State

WI

Zip Code

53122-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP-Era

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-846

Amount of Each Receipt this Period

24.00

B.

Full Name (Last, First, Middle Initial)

Mark C. Boyle

Mailing Address 720 E Wisconsin Avenue

City

Milwaukee

State

WI

Zip Code

53202-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-875-13-0

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Mark C. Boyle

Mailing Address 720 E Wisconsin Avenue

City

Milwaukee

State

WI

Zip Code

53202-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-873-10-0

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

74.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark C. Boyle

Mailing Address 720 E Wisconsin Avenue

City

Milwaukee

State

WI

Zip Code

53202-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-940-14-15

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mark C. Boyle

Mailing Address 720 E Wisconsin Avenue

City

Milwaukee

State

WI

Zip Code

53202-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-940-15-1

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Mark C. Boyle

Mailing Address 720 E Wisconsin Avenue

City

Milwaukee

State

WI

Zip Code

53202-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-935-17-1

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark C. Boyle

Mailing Address 720 E Wisconsin Avenue

City

Milwaukee

State

WI

Zip Code

53202-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-862

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mark C. Boyle

Mailing Address 720 E Wisconsin Avenue

City

Milwaukee

State

WI

Zip Code

53202-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-861

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Mark C. Boyle

Mailing Address 720 E Wisconsin Avenue

City

Milwaukee

State

WI

Zip Code

53202-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-861

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark C. Boyle

Mailing Address 720 E Wisconsin Avenue

City

Milwaukee

State

WI

Zip Code

53202-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-861

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Jennifer L. Brase

Mailing Address 12877 N Cobblestone

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-895-13-0

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Jennifer L. Brase

Mailing Address 12877 N Cobblestone

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-893-10-0

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jennifer L. Brase

Mailing Address 12877 N Cobblestone

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-960-14-15

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Jennifer L. Brase

Mailing Address 12877 N Cobblestone

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-960-15-1

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Jennifer L. Brase

Mailing Address 12877 N Cobblestone

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-955-17-1

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jennifer L. Brase

Mailing Address 12877 N Cobblestone

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-882

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Jennifer L. Brase

Mailing Address 12877 N Cobblestone

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-881

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Jennifer L. Brase

Mailing Address 12877 N Cobblestone

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-881

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jennifer L. Brase

Mailing Address 12877 N Cobblestone

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-881

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Kristofer D. Breitzman

Mailing Address W290 N3649 Tall Tree

City

Pewaukee

State

WI

Zip Code

53072

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1041-17-1

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Kristofer D. Breitzman

Mailing Address W290 N3649 Tall Tree

City

Pewaukee

State

WI

Zip Code

53072

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-967

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kristofer D. Breitzman

Mailing Address W290 N3649 Tall Tree

City

Pewaukee

State

WI

Zip Code

53072

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-966

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Kristofer D. Breitzman

Mailing Address W290 N3649 Tall Tree

City

Pewaukee

State

WI

Zip Code

53072

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-966

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Kristofer D. Breitzman

Mailing Address W290 N3649 Tall Tree

City

Pewaukee

State

WI

Zip Code

53072

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-966

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Anne T. Brower

Mailing Address 2314 E Edgewood Avenue

City

Shorewood

State

WI

Zip Code

53211-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	9

Transaction ID: 20090921-622-17-1

Amount of Each Receipt this Period

12.00

B.

Full Name (Last, First, Middle Initial)

Anne T. Brower

Mailing Address 2314 E Edgewood Avenue

City

Shorewood

State

WI

Zip Code

53211-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: 20091008104013-548

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

Anne T. Brower

Mailing Address 2314 E Edgewood Avenue

City

Shorewood

State

WI

Zip Code

53211-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Transaction ID: 20091015164625-547

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

36.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Anne T. Brower

Mailing Address 2314 E Edgewood Avenue

City

Shorewood

State

WI

Zip Code

53211-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-547

Amount of Each Receipt this Period

12.00

B.

Full Name (Last, First, Middle Initial)

Anne T. Brower

Mailing Address 2314 E Edgewood Avenue

City

Shorewood

State

WI

Zip Code

53211-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-548

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

Pency P. Byhardt

Mailing Address W148 N10042 Windsong

City

Germantown

State

WI

Zip Code

53022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Field Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1127-17-1

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

36.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Pency P. Byhardt

Mailing Address W148 N10042 Windsong

City

Germantown

State

WI

Zip Code

53022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Field Dev

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-1054

Amount of Each Receipt this Period

12.00

B.

Full Name (Last, First, Middle Initial)

Pency P. Byhardt

Mailing Address W148 N10042 Windsong

City

Germantown

State

WI

Zip Code

53022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Field Dev

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-1052

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

Pency P. Byhardt

Mailing Address W148 N10042 Windsong

City

Germantown

State

WI

Zip Code

53022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Field Dev

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-1052

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

36.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Pency P. Byhardt

Mailing Address W148 N10042 Windsong

City

Germantown

State

WI

Zip Code

53022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Field Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1052

Amount of Each Receipt this Period

12.00

B.

Full Name (Last, First, Middle Initial)

Michael T Byrne

Mailing Address 395 La Casa Viaduct

City

Walnut Creek

State

CA

Zip Code

94598-4842

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1937.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1216-13-1

Amount of Each Receipt this Period

82.00

C.

Full Name (Last, First, Middle Initial)

Michael T Byrne

Mailing Address 395 La Casa Viaduct

City

Walnut Creek

State

CA

Zip Code

94598-4842

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1937.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1213-10-0

Amount of Each Receipt this Period

82.00

SUBTOTAL of Receipts This Page (optional)

176.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Michael T Byrne

Mailing Address 395 La Casa Viaduct

City

Walnut Creek

State

CA

Zip Code

94598-4842

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1937.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-38-14-0

Amount of Each Receipt this Period

82.00

B.

Full Name (Last, First, Middle Initial)

Michael T Byrne

Mailing Address 395 La Casa Viaduct

City

Walnut Creek

State

CA

Zip Code

94598-4842

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1937.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-38-14-46

Amount of Each Receipt this Period

82.00

C.

Full Name (Last, First, Middle Initial)

Michael T Byrne

Mailing Address 395 La Casa Viaduct

City

Walnut Creek

State

CA

Zip Code

94598-4842

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1937.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-39-16-16

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

289.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Michael T Byrne

Mailing Address 395 La Casa Viaduct

City

Walnut Creek

State

CA

Zip Code

94598-4842

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1937.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-39

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Michael T Byrne

Mailing Address 395 La Casa Viaduct

City

Walnut Creek

State

CA

Zip Code

94598-4842

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1937.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-39

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Michael T Byrne

Mailing Address 395 La Casa Viaduct

City

Walnut Creek

State

CA

Zip Code

94598-4842

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1937.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-39

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Michael T Byrne

Mailing Address 395 La Casa Viaduct

City

Walnut Creek

State

CA

Zip Code

94598-4842

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1937.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-39

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Susan W. Callanan

Mailing Address 2736 N Shepard Avenue

City

Milwaukee

State

WI

Zip Code

53211-3852

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Legislative Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1091

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

Michael G. Carter

Mailing Address 7322 N Mohawk Road

City

Fox Point

State

WI

Zip Code

53217-3454

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1005-13-0

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

212.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Michael G. Carter

Mailing Address 7322 N Mohawk Road

City

Fox Point

State

WI

Zip Code

53217-3454

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1003-10-0

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Michael G. Carter

Mailing Address 7322 N Mohawk Road

City

Fox Point

State

WI

Zip Code

53217-3454

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1070-14-15

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Michael G. Carter

Mailing Address 7322 N Mohawk Road

City

Fox Point

State

WI

Zip Code

53217-3454

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1070-15-1

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Michael G. Carter

Mailing Address 7322 N Mohawk Road

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Fox Point

State

WI

Zip Code

53217-3454

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1063-17-1

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Michael G. Carter

Mailing Address 7322 N Mohawk Road

City

Fox Point

State

WI

Zip Code

53217-3454

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-989

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Michael G. Carter

Mailing Address 7322 N Mohawk Road

City

Fox Point

State

WI

Zip Code

53217-3454

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-988

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Michael G. Carter

Mailing Address 7322 N Mohawk Road

City

Fox Point

State

WI

Zip Code

53217-3454

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-988

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Michael G. Carter

Mailing Address 7322 N Mohawk Road

City

Fox Point

State

WI

Zip Code

53217-3454

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-987

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Gregory V Castronovo

Mailing Address 317 Evening Star Lane

City

Bozeman

State

MT

Zip Code

59715-7738

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1232-13-1

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

192.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gregory V Castronovo

Mailing Address 317 Evening Star Lane

City

Bozeman

State

MT

Zip Code

59715-7738

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	9	

Transaction ID: 20090804-1229-10-0

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Gregory V Castronovo

Mailing Address 317 Evening Star Lane

City

Bozeman

State

MT

Zip Code

59715-7738

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	9	

Transaction ID: 20090819-54-14-0

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Gregory V Castronovo

Mailing Address 317 Evening Star Lane

City

Bozeman

State

MT

Zip Code

59715-7738

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	9	

Transaction ID: 20090902-54-14-46

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gregory V Castronovo

Mailing Address 317 Evening Star Lane

City

Bozeman

State

MT

Zip Code

59715-7738

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	9

Transaction ID: 20090921-55-16-16

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Gregory V Castronovo

Mailing Address 317 Evening Star Lane

City

Bozeman

State

MT

Zip Code

59715-7738

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: 20091008103448-55

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Gregory V Castronovo

Mailing Address 317 Evening Star Lane

City

Bozeman

State

MT

Zip Code

59715-7738

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Transaction ID: 2009102293957-55

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gregory V Castronovo

Mailing Address 317 Evening Star Lane

City

Bozeman

State

MT

Zip Code

59715-7738

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-55

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Gregory V Castronovo

Mailing Address 317 Evening Star Lane

City

Bozeman

State

MT

Zip Code

59715-7738

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-55

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Scott G Christensen

Mailing Address 12 High Meadow Lane

City

Amherst

State

NH

Zip Code

03031-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christensen Fcl Gp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1231-13-1

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

209.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Scott G Christensen

Mailing Address 12 High Meadow Lane

City

Amherst

State

NH

Zip Code

03031-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christensen Fcl Gp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1228-10-0

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Scott G Christensen

Mailing Address 12 High Meadow Lane

City

Amherst

State

NH

Zip Code

03031-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christensen Fcl Gp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-53-14-0

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Scott G Christensen

Mailing Address 12 High Meadow Lane

City

Amherst

State

NH

Zip Code

03031-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christensen Fcl Gp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-53-14-46

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Scott G Christensen

Mailing Address 12 High Meadow Lane

City

Amherst

State

NH

Zip Code

03031-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christensen Fcl Gp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-54-16-16

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Scott G Christensen

Mailing Address 12 High Meadow Lane

City

Amherst

State

NH

Zip Code

03031-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christensen Fcl Gp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-54

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Scott G Christensen

Mailing Address 12 High Meadow Lane

City

Amherst

State

NH

Zip Code

03031-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christensen Fcl Gp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-54

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Scott G Christensen

Mailing Address 12 High Meadow Lane

City

Amherst

State

NH

Zip Code

03031-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christensen Fcl Gp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-54

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Scott G Christensen

Mailing Address 12 High Meadow Lane

City

Amherst

State

NH

Zip Code

03031-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christensen Fcl Gp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-54

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Eric P. Christophersen

Mailing Address N55 W21701 Adamdale

City

Menomonee Falls

State

WI

Zip Code

53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Compliance/Bp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

837.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-725-13-0

Amount of Each Receipt this Period

53.00

SUBTOTAL of Receipts This Page (optional)

303.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Eric P. Christophersen

Mailing Address N55 W21701 Adamdale

City

Menomonee Fal

State

WI

Zip Code

53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Compliance/Bp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

837.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-724-10-0

Amount of Each Receipt this Period

53.00

B.

Full Name (Last, First, Middle Initial)

Eric P. Christophersen

Mailing Address N55 W21701 Adamdale

City

Menomonee Fal

State

WI

Zip Code

53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Compliance/Bp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

837.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-791-14-15

Amount of Each Receipt this Period

53.00

C.

Full Name (Last, First, Middle Initial)

Eric P. Christophersen

Mailing Address N55 W21701 Adamdale

City

Menomonee Fal

State

WI

Zip Code

53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Compliance/Bp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

837.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-791-15-1

Amount of Each Receipt this Period

53.00

SUBTOTAL of Receipts This Page (optional)

159.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Eric P. Christophersen

Mailing Address N55 W21701 Adamdale

City

Menomonee Fal

State

WI

Zip Code

53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Compliance/Bp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

837.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-786-17-1

Amount of Each Receipt this Period

53.00

B.

Full Name (Last, First, Middle Initial)

Eric P. Christophersen

Mailing Address N55 W21701 Adamdale

City

Menomonee Fal

State

WI

Zip Code

53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Compliance/Bp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

837.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-713

Amount of Each Receipt this Period

53.00

C.

Full Name (Last, First, Middle Initial)

Eric P. Christophersen

Mailing Address N55 W21701 Adamdale

City

Menomonee Fal

State

WI

Zip Code

53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Compliance/Bp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

837.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-712

Amount of Each Receipt this Period

53.00

SUBTOTAL of Receipts This Page (optional)

159.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Eric P. Christophersen

Mailing Address N55 W21701 Adamdale

City

Menomonee Fal

State

WI

Zip Code

53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Compliance/Bp

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

837.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	9

Transaction ID: 20091105152628-712

Amount of Each Receipt this Period

53.00

B.

Full Name (Last, First, Middle Initial)

Eric P. Christophersen

Mailing Address N55 W21701 Adamdale

City

Menomonee Fal

State

WI

Zip Code

53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Compliance/Bp

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

837.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 2009111816423-712

Amount of Each Receipt this Period

53.00

C.

Full Name (Last, First, Middle Initial)

David D. Clark

Mailing Address 1680 Barrington Wood

City

Brookfield

State

WI

Zip Code

53045-2213

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Real Estate

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2994.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	9

Transaction ID: 20090720-698-13-0

Amount of Each Receipt this Period

118.00

SUBTOTAL of Receipts This Page (optional)

224.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David D. Clark

Mailing Address 1680 Barrington Wood

City

Brookfield

State

WI

Zip Code

53045-2213

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2994.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-697-10-0

Amount of Each Receipt this Period

118.00

B.

Full Name (Last, First, Middle Initial)

David D. Clark

Mailing Address 923 E Kilbourn

City

Milwaukee

State

WI

Zip Code

53202-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2994.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-764-14-15

Amount of Each Receipt this Period

118.00

C.

Full Name (Last, First, Middle Initial)

David D. Clark

Mailing Address 923 E Kilbourn

City

Milwaukee

State

WI

Zip Code

53202-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2994.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-764-15-1

Amount of Each Receipt this Period

118.00

SUBTOTAL of Receipts This Page (optional)

354.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David D. Clark

Mailing Address 923 E Kilbourn

City

Milwaukee

State

WI

Zip Code

53202-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2994.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-759-17-1

Amount of Each Receipt this Period

118.00

B.

Full Name (Last, First, Middle Initial)

David D. Clark

Mailing Address 923 E Kilbourn

City

Milwaukee

State

WI

Zip Code

53202-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2994.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-686

Amount of Each Receipt this Period

118.00

C.

Full Name (Last, First, Middle Initial)

David D. Clark

Mailing Address 923 E Kilbourn

City

Milwaukee

State

WI

Zip Code

53202-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2994.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-685

Amount of Each Receipt this Period

118.00

SUBTOTAL of Receipts This Page (optional)

354.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David D. Clark

Mailing Address 923 E Kilbourn

City

Milwaukee

State

WI

Zip Code

53202-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2994.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-685

Amount of Each Receipt this Period

118.00

B.

Full Name (Last, First, Middle Initial)

David D. Clark

Mailing Address 923 E Kilbourn

City

Milwaukee

State

WI

Zip Code

53202-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2994.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-685

Amount of Each Receipt this Period

118.00

C.

Full Name (Last, First, Middle Initial)

Richard M Condrey

Mailing Address 907 Williamson Drive

City

Raleigh

State

NC

Zip Code

27608-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina Condrey Grp

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1193-13-1

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

444.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Richard M Condrey

Mailing Address 907 Williamson Drive

City

Raleigh

State

NC

Zip Code

27608-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina Condrey Grp

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1191-10-0

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Richard M Condrey

Mailing Address 907 Williamson Drive

City

Raleigh

State

NC

Zip Code

27608-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina Condrey Grp

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-16-14-0

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Richard M Condrey

Mailing Address 907 Williamson Drive

City

Raleigh

State

NC

Zip Code

27608-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina Condrey Grp

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-16-14-46

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Richard M Condrey

Mailing Address 907 Williamson Drive

City

Raleigh

State

NC

Zip Code

27608-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina Condrey Grp

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-16-16-16

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Richard M Condrey

Mailing Address 907 Williamson Drive

City

Raleigh

State

NC

Zip Code

27608-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina Condrey Grp

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-16

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Richard M Condrey

Mailing Address 907 Williamson Drive

City

Raleigh

State

NC

Zip Code

27608-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina Condrey Grp

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-16

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Richard M Condrey

Mailing Address 907 Williamson Drive

City

Raleigh

State

NC

Zip Code

27608-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina Condrey Grp

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-16

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Richard M Condrey

Mailing Address 907 Williamson Drive

City

Raleigh

State

NC

Zip Code

27608-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina Condrey Grp

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-16

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Barbara E. Courtney

Mailing Address 4600 N Wilshire Road

City

Whitefish Bay

State

WI

Zip Code

53211-1260

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Mut Fund Acctg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-713

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

426.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Charles T. Cruse

Mailing Address 2961 Belclaire Drive

City

Frisco

State

TX

Zip Code

75034-5969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cruse Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1221-13-1

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Charles T. Cruse

Mailing Address 2961 Belclaire Drive

City

Frisco

State

TX

Zip Code

75034-5969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cruse Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1218-10-0

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Charles T. Cruse

Mailing Address 2961 Belclaire Drive

City

Frisco

State

TX

Zip Code

75034-5969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cruse Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-43-14-0

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Charles T. Cruse

Mailing Address 2961 Belclaire Drive

City

Frisco

State

TX

Zip Code

75034-5969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cruse Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-43-14-46

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Charles T. Cruse

Mailing Address 2961 Belclaire Drive

City

Frisco

State

TX

Zip Code

75034-5969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cruse Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-44-16-16

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Charles T. Cruse

Mailing Address 2961 Belclaire Drive

City

Frisco

State

TX

Zip Code

75034-5969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cruse Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-44

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Charles T. Cruse

Mailing Address 2961 Belclaire Drive

City

Frisco

State

TX

Zip Code

75034-5969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cruse Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-44

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Charles T. Cruse

Mailing Address 2961 Belclaire Drive

City

Frisco

State

TX

Zip Code

75034-5969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cruse Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-44

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Charles T. Cruse

Mailing Address 2961 Belclaire Drive

City

Frisco

State

TX

Zip Code

75034-5969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cruse Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-44

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Brian R Cunningham

Mailing Address 6251 S Billings Way

City

Centennial

State

CO

Zip Code

80111-6009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1215-13-1

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Brian R Cunningham

Mailing Address 6251 S Billings Way

City

Centennial

State

CO

Zip Code

80111-6009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1212-10-0

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Brian R Cunningham

Mailing Address 6251 S Billings Way

City

Centennial

State

CO

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80111-6009

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federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-37-14-0

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-37-14-46

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Brian R Cunningham

Mailing Address 6251 S Billings Way

City

Centennial

State

CO

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80111-6009

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federal political committee.

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Name of Employer
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Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-38-16-16

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Brian R Cunningham

Mailing Address 6251 S Billings Way

City

Centennial

State

CO

Zip Code

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FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-38

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 574

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CO

Zip Code

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federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-38

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Brian R Cunningham

Mailing Address 6251 S Billings Way

City

Centennial

State

CO

Zip Code

80111-6009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-38

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Brian R Cunningham

Mailing Address 6251 S Billings Way

City

Centennial

State

CO

Zip Code

80111-6009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-38

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 97 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jefferson V. De Angelis

Mailing Address 4449 Donges Bay Road

City

Mequon

State

WI

Zip Code

53092-4883

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

President Msa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1503.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-597-13-0

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Jefferson V. De Angelis

Mailing Address 4449 Donges Bay Road

City

Mequon

State

WI

Zip Code

53092-4883

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

President Msa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1503.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-597-10-0

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Jefferson V. De Angelis

Mailing Address 4449 Donges Bay Road

City

Mequon

State

WI

Zip Code

53092-4883

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

President Msa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1503.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-665-14-15

Amount of Each Receipt this Period

169.00

SUBTOTAL of Receipts This Page (optional)

249.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 98 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jefferson V. De Angelis

Mailing Address 4449 Donges Bay Road

City

Mequon

State

WI

Zip Code

53092-4883

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

President Msa

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1503.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-665-15-1

Amount of Each Receipt this Period

169.00

B.

Full Name (Last, First, Middle Initial)

Jefferson V. De Angelis

Mailing Address 4449 Donges Bay Road

City

Mequon

State

WI

Zip Code

53092-4883

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

President Msa

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1503.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-662-17-1

Amount of Each Receipt this Period

169.00

C.

Full Name (Last, First, Middle Initial)

Jefferson V. De Angelis

Mailing Address 4449 Donges Bay Road

City

Mequon

State

WI

Zip Code

53092-4883

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

President Msa

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1503.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-588

Amount of Each Receipt this Period

169.00

SUBTOTAL of Receipts This Page (optional)

507.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jefferson V. De Angelis

Mailing Address 4449 Donges Bay Road

City

Mequon

State

WI

Zip Code

53092-4883

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

President Msa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1503.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-587

Amount of Each Receipt this Period

169.00

B.

Full Name (Last, First, Middle Initial)

Jefferson V. De Angelis

Mailing Address 4449 Donges Bay Road

City

Mequon

State

WI

Zip Code

53092-4883

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

President Msa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1503.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-587

Amount of Each Receipt this Period

169.00

C.

Full Name (Last, First, Middle Initial)

Jefferson V. De Angelis

Mailing Address 4449 Donges Bay Road

City

Mequon

State

WI

Zip Code

53092-4883

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

President Msa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1503.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-588

Amount of Each Receipt this Period

169.00

SUBTOTAL of Receipts This Page (optional)

507.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 100 / 574

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Lew D Derrickson

Mailing Address 5799 Sunset Lane

City

Indianapolis

State

IN

Zip Code

46228-1447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Derrickson Fncl Grp

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2009

Transaction ID: 20090720-1191-13-1

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Lew D Derrickson

Mailing Address 5799 Sunset Lane

City

Indianapolis

State

IN

Zip Code

46228-1447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Derrickson Fncl Grp

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: 20090804-1189-10-0

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Lew D Derrickson

Mailing Address 5799 Sunset Lane

City

Indianapolis

State

IN

Zip Code

46228-1447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Derrickson Fncl Grp

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2009

Transaction ID: 20090819-14-14-0

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Name of Employer
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Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-14-14-46

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Lew D Derrickson

Mailing Address 5799 Sunset Lane

City

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State

IN

Zip Code

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Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-14-16-16

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Lew D Derrickson

Mailing Address 5799 Sunset Lane

City

Indianapolis

State

IN

Zip Code

46228-1447

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federal political committee.

C

Name of Employer
Derrickson Fncl Grp

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-14

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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46228-1447

FEC ID number of contributing
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C

Name of Employer
Derrickson Fncl Grp

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-14

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

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Mailing Address 5799 Sunset Lane

City

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State

IN

Zip Code

46228-1447

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C

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Derrickson Fncl Grp

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-14

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Lew D Derrickson

Mailing Address 5799 Sunset Lane

City

Indianapolis

State

IN

Zip Code

46228-1447

FEC ID number of contributing
federal political committee.

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Derrickson Fncl Grp

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-14

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Blane Dexheimer

Mailing Address 350 Sheffield Drive

City

Brookfield

State

WI

Zip Code

53005-7926

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-564

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

James S Dobbs

Mailing Address RR 1 Box 51B

City

Ripley

State

WV

Zip Code

25271-9705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1186-13-1

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

James S Dobbs

Mailing Address RR 1 Box 51B

City

Ripley

State

WV

Zip Code

25271-9705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1184-10-0

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

James S Dobbs

Mailing Address RR 1 Box 51B

City

Ripley

State

WV

Zip Code

25271-9705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-9-14-0

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

James S Dobbs

Mailing Address RR 1 Box 51B

City

Ripley

State

WV

Zip Code

25271-9705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-9-14-46

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

James S Dobbs

Mailing Address RR 1 Box 51B

City

Ripley

State

WV

Zip Code

25271-9705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-9-16-16

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 105 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

James S Dobbs

Mailing Address RR 1 Box 51B

City

Ripley

State

WV

Zip Code

25271-9705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-9

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

James S Dobbs

Mailing Address RR 1 Box 51B

City

Ripley

State

WV

Zip Code

25271-9705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-9

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

James S Dobbs

Mailing Address RR 1 Box 51B

City

Ripley

State

WV

Zip Code

25271-9705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-9

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 574

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

James S Dobbs

Mailing Address RR 1 Box 51B

City

Ripley

State

WV

Zip Code

25271-9705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-9

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mark G. Doll

Mailing Address 8420 N Pelican Lane

City

River Hills

State

WI

Zip Code

53217-2058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-874-13-0

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Mark G. Doll

Mailing Address 8420 N Pelican Lane

City

River Hills

State

WI

Zip Code

53217-2058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-872-10-0

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

441.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 574

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark G. Doll

Mailing Address 8420 N Pelican Lane

City

River Hills

State

WI

Zip Code

53217-2058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
EVP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-939-14-15

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Mark G. Doll

Mailing Address 8420 N Pelican Lane

City

River Hills

State

WI

Zip Code

53217-2058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
EVP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-939-15-1

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Mark G. Doll

Mailing Address 8420 N Pelican Lane

City

River Hills

State

WI

Zip Code

53217-2058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
EVP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-934-17-1

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark G. Doll

Mailing Address 8420 N Pelican Lane

City

River Hills

State

WI

Zip Code

53217-2058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
EVP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-861

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Mark G. Doll

Mailing Address 8420 N Pelican Lane

City

River Hills

State

WI

Zip Code

53217-2058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
EVP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-860

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Mark G. Doll

Mailing Address 8420 N Pelican Lane

City

River Hills

State

WI

Zip Code

53217-2058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
EVP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-860

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 574

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark G. Doll

Mailing Address 8420 N Pelican Lane

City

River Hills

State

WI

Zip Code

53217-2058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
EVP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-860

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Steven Dugal

Mailing Address 9 Falcon Drive

City

Mandeville

State

LA

Zip Code

70471-2952

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3040.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1219-13-1

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Steven Dugal

Mailing Address 9 Falcon Drive

City

Mandeville

State

LA

Zip Code

70471-2952

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3040.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1216-10-0

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

458.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steven Dugal

Mailing Address 9 Falcon Drive

City

Mandeville

State

LA

Zip Code

70471-2952

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3040.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-41-14-0

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Steven Dugal

Mailing Address 9 Falcon Drive

City

Mandeville

State

LA

Zip Code

70471-2952

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3040.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-41-14-46

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Steven Dugal

Mailing Address 9 Falcon Drive

City

Mandeville

State

LA

Zip Code

70471-2952

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3040.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-42-16-16

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

458.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 574

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steven Dugal

Mailing Address 9 Falcon Drive

City

Mandeville

State

LA

Zip Code

70471-2952

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3040.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-42

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Steven Dugal

Mailing Address 9 Falcon Drive

City

Mandeville

State

LA

Zip Code

70471-2952

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3040.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-42

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Steven Dugal

Mailing Address 9 Falcon Drive

City

Mandeville

State

LA

Zip Code

70471-2952

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3040.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-42

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steven Dugal

Mailing Address 9 Falcon Drive

City

Mandeville

State

LA

Zip Code

70471-2952

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3040.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-42

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

John E. Dunn

Mailing Address N71W31034 Lower Club

City

Hartland

State

WI

Zip Code

53029-8716

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Ipas Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-652-13-0

Amount of Each Receipt this Period

37.00

C.

Full Name (Last, First, Middle Initial)

John E. Dunn

Mailing Address N71W31034 Lower Club

City

Hartland

State

WI

Zip Code

53029-8716

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Ipas Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-651-10-0

Amount of Each Receipt this Period

37.00

SUBTOTAL of Receipts This Page (optional)

282.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John E. Dunn

Mailing Address N71W31034 Lower Club

City

Hartland

State

WI

Zip Code

53029-8716

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Ipas Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-718-14-15

Amount of Each Receipt this Period

37.00

B.

Full Name (Last, First, Middle Initial)

John E. Dunn

Mailing Address N71W31034 Lower Club

City

Hartland

State

WI

Zip Code

53029-8716

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Ipas Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-718-15-1

Amount of Each Receipt this Period

37.00

C.

Full Name (Last, First, Middle Initial)

John E. Dunn

Mailing Address N71W31034 Lower Club

City

Hartland

State

WI

Zip Code

53029-8716

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Ipas Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-714-17-1

Amount of Each Receipt this Period

37.00

SUBTOTAL of Receipts This Page (optional)

111.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John E. Dunn

Mailing Address N71W31034 Lower Club

City

Hartland

State

WI

Zip Code

53029-8716

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Ipas Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-641

Amount of Each Receipt this Period

37.00

B.

Full Name (Last, First, Middle Initial)

John E. Dunn

Mailing Address N71W31034 Lower Club

City

Hartland

State

WI

Zip Code

53029-8716

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Ipas Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-640

Amount of Each Receipt this Period

37.00

C.

Full Name (Last, First, Middle Initial)

John E. Dunn

Mailing Address N71W31034 Lower Club

City

Hartland

State

WI

Zip Code

53029-8716

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Ipas Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-640

Amount of Each Receipt this Period

37.00

SUBTOTAL of Receipts This Page (optional)

111.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John E. Dunn

Mailing Address N71W31034 Lower Club

City

Hartland

State

WI

Zip Code

53029-8716

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Ipas Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-640

Amount of Each Receipt this Period

37.00

B.

Full Name (Last, First, Middle Initial)

James R Effner, Jr.

Mailing Address 2520 Hanford Lane

City

Aurora

State

IL

Zip Code

60502-6969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Effner Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1223-13-1

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

James R Effner, Jr.

Mailing Address 2520 Hanford Lane

City

Aurora

State

IL

Zip Code

60502-6969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Effner Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1220-10-0

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

337.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

James R Effner, Jr.

Mailing Address 2520 Hanford Lane

City

Aurora

State

IL

Zip Code

60502-6969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Effner Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	9

Transaction ID: 20090819-45-14-0

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

James R Effner, Jr.

Mailing Address 2520 Hanford Lane

City

Aurora

State

IL

Zip Code

60502-6969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Effner Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	9

Transaction ID: 20090902-45-14-46

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

James R Effner, Jr.

Mailing Address 2520 Hanford Lane

City

Aurora

State

IL

Zip Code

60502-6969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Effner Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	9

Transaction ID: 20090921-46-16-16

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

James R Effner, Jr.

Mailing Address 2520 Hanford Lane

City

Aurora

State

IL

Zip Code

60502-6969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Effner Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-46

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

James R Effner, Jr.

Mailing Address 2520 Hanford Lane

City

Aurora

State

IL

Zip Code

60502-6969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Effner Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-46

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

James R Effner, Jr.

Mailing Address 2520 Hanford Lane

City

Aurora

State

IL

Zip Code

60502-6969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Effner Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-46

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

James R Effner, Jr.

Mailing Address 2520 Hanford Lane

City

Aurora

State

IL

Zip Code

60502-6969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Effner Fnc'l Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-46

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Eric J. Ekeroth

Mailing Address 19672 Stanford Hall

City

Ashburn

State

VA

Zip Code

20147-5223

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director Field Prod

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-606

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Ralph David Ellis

Mailing Address 9927 N Valley Hill D

City

Mequon

State

WI

Zip Code

53092

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

774.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-915-13-0

Amount of Each Receipt this Period

38.00

SUBTOTAL of Receipts This Page (optional)

198.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Ralph David Ells

Mailing Address 9927 N Valley Hill D

City

Mequon

State

WI

Zip Code

53092

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

774.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	9

Transaction ID: 20090804-913-10-0

Amount of Each Receipt this Period

38.00

B.

Full Name (Last, First, Middle Initial)

Ralph David Ells

Mailing Address 9927 N Valley Hill D

City

Mequon

State

WI

Zip Code

53092

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

774.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	9

Transaction ID: 20090819-980-14-15

Amount of Each Receipt this Period

38.00

C.

Full Name (Last, First, Middle Initial)

Ralph David Ells

Mailing Address 9927 N Valley Hill D

City

Mequon

State

WI

Zip Code

53092

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

774.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	9

Transaction ID: 20090902-980-15-1

Amount of Each Receipt this Period

38.00

SUBTOTAL of Receipts This Page (optional)

114.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Ralph David Ells

Mailing Address 9927 N Valley Hill D

City

Mequon

State

WI

Zip Code

53092

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

774.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-974-17-1

Amount of Each Receipt this Period

38.00

B.

Full Name (Last, First, Middle Initial)

Ralph David Ells

Mailing Address 9927 N Valley Hill D

City

Mequon

State

WI

Zip Code

53092

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

774.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-901

Amount of Each Receipt this Period

38.00

C.

Full Name (Last, First, Middle Initial)

Ralph David Ells

Mailing Address 9927 N Valley Hill D

City

Mequon

State

WI

Zip Code

53092

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

774.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-900

Amount of Each Receipt this Period

38.00

SUBTOTAL of Receipts This Page (optional)

114.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Ralph David Ells

Mailing Address 9927 N Valley Hill D

City

Meguon

State

WI

Zip Code

53092

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

774.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-900

Amount of Each Receipt this Period

38.00

B.

Full Name (Last, First, Middle Initial)

Ralph David Ells

Mailing Address 9927 N Valley Hill D

City

Meguon

State

WI

Zip Code

53092

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

774.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-900

Amount of Each Receipt this Period

38.00

C.

Full Name (Last, First, Middle Initial)

Keith A Erhard

Mailing Address 4807 Timberwood Court

City

West Des Moines

State

IA

Zip Code

50265-5447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1208-13-1

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

118.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Keith A Erhard

Mailing Address 4807 Timberwood Court

City

West Des Moines

State

IA

Zip Code

50265-5447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1206-10-0

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Keith A Erhard

Mailing Address 4807 Timberwood Court

City

West Des Moines

State

IA

Zip Code

50265-5447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-31-14-0

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Keith A Erhard

Mailing Address 4807 Timberwood Court

City

West Des Moines

State

IA

Zip Code

50265-5447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-31-14-46

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 123 / 574
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Keith A Erhard

Mailing Address 4807 Timberwood Court

City

West Des Moines

State

IA

Zip Code

50265-5447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	9

Transaction ID: 20090921-31-16-16

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Keith A Erhard

Mailing Address 4807 Timberwood Court

City

West Des Moines

State

IA

Zip Code

50265-5447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: 20091008103448-31

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Keith A Erhard

Mailing Address 4807 Timberwood Court

City

West Des Moines

State

IA

Zip Code

50265-5447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	9

Transaction ID: 2009102293957-31

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Keith A Erhard

Mailing Address 4807 Timberwood Court

City

West Des Moines

State

IA

Zip Code

50265-5447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-31

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Keith A Erhard

Mailing Address 4807 Timberwood Court

City

West Des Moines

State

IA

Zip Code

50265-5447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-31

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

John C Ertz

Mailing Address 18235 Shaker Boulevard

City

Shaker Heights

State

OH

Zip Code

44120-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer
JCE Financial Group

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1470.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1207-13-1

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

154.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John C Ertz

Mailing Address 18235 Shaker Boulevard

City

Shaker Heights

State

OH

Zip Code

44120-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer
JCE Financial Group

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1470.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1205-10-0

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

John C Ertz

Mailing Address 18235 Shaker Boulevard

City

Shaker Heights

State

OH

Zip Code

44120-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer
JCE Financial Group

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1470.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-30-14-0

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

John C Ertz

Mailing Address 18235 Shaker Boulevard

City

Shaker Heights

State

OH

Zip Code

44120-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer
JCE Financial Group

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1470.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-30-14-46

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John C Ertz

Mailing Address 18235 Shaker Boulevard

City

Shaker Heights

State

OH

Zip Code

44120-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer
JCE Financial Group

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1470.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-30-16-16

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

John C Ertz

Mailing Address 18235 Shaker Boulevard

City

Shaker Heights

State

OH

Zip Code

44120-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer
JCE Financial Group

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1470.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-30

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

John C Ertz

Mailing Address 18235 Shaker Boulevard

City

Shaker Heights

State

OH

Zip Code

44120-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer
JCE Financial Group

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1470.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-30

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John C Ertz

Mailing Address 18235 Shaker Boulevard

City

Shaker Heights

State

OH

Zip Code

44120-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer
JCE Financial Group

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1470.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	9	

Transaction ID: 20091105152043-30

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

John C Ertz

Mailing Address 18235 Shaker Boulevard

City

Shaker Heights

State

OH

Zip Code

44120-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer
JCE Financial Group

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1470.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	9	

Transaction ID: 20091118163132-30

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

Christina H. Fiasca

Mailing Address 9230 N Fairway Drive

City

Bayside

State

WI

Zip Code

53217-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Agency Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1965.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	9	

Transaction ID: 20090720-944-13-0

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Christina H. Fiasca

Mailing Address 9230 N Fairway Drive

City

Bayside

State

WI

Zip Code

53217-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Agency Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1965.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-942-10-0

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

Christina H. Fiasca

Mailing Address 9230 N Fairway Drive

City

Bayside

State

WI

Zip Code

53217-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Agency Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1965.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1009-14-15

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

Christina H. Fiasca

Mailing Address 9230 N Fairway Drive

City

Bayside

State

WI

Zip Code

53217-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Agency Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1965.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1009-15-1

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Christina H. Fiasca

Mailing Address 9230 N Fairway Drive

City

Bayside

State

WI

Zip Code

53217-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Agency Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1965.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1002-17-1

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

Christina H. Fiasca

Mailing Address 9230 N Fairway Drive

City

Bayside

State

WI

Zip Code

53217-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Agency Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1965.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-929

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

Christina H. Fiasca

Mailing Address 9230 N Fairway Drive

City

Bayside

State

WI

Zip Code

53217-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Agency Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1965.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-928

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Christina H. Fiasca

Mailing Address 9230 N Fairway Drive

City

Bayside

State

WI

Zip Code

53217-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Agency Svcs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1965.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-928

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

Christina H. Fiasca

Mailing Address 9230 N Fairway Drive

City

Bayside

State

WI

Zip Code

53217-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Agency Svcs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1965.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-928

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

Daniel M. Flesch

Mailing Address 369 Sunshine Drive

City

Hartland

State

WI

Zip Code

53029-8559

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-933

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Daniel M. Flesch

Mailing Address 369 Sunshine Drive

City

Hartland

State

WI

Zip Code

53029-8559

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-932

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Daniel M. Flesch

Mailing Address 369 Sunshine Drive

City

Hartland

State

WI

Zip Code

53029-8559

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-932

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Daniel M. Flesch

Mailing Address 369 Sunshine Drive

City

Hartland

State

WI

Zip Code

53029-8559

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-932

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John E Fobes, II

Mailing Address 1638 Del Dayo Drive

City

Carmichael

State

CA

Zip Code

95608-6052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1213-13-1

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

John E Fobes, II

Mailing Address 1638 Del Dayo Drive

City

Carmichael

State

CA

Zip Code

95608-6052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1210-10-0

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

John E Fobes, II

Mailing Address 1638 Del Dayo Drive

City

Carmichael

State

CA

Zip Code

95608-6052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-35-14-0

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John E Fobes, II

Mailing Address 1638 Del Dayo Drive

City

Carmichael

State

CA

Zip Code

95608-6052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	9

Transaction ID: 20090902-35-14-46

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

John E Fobes, II

Mailing Address 1638 Del Dayo Drive

City

Carmichael

State

CA

Zip Code

95608-6052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	9

Transaction ID: 20090921-35-16-16

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

John E Fobes, II

Mailing Address 1638 Del Dayo Drive

City

Carmichael

State

CA

Zip Code

95608-6052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: 20091008103448-35

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John E Fobes, II

Mailing Address 1638 Del Dayo Drive

City

Carmichael

State

CA

Zip Code

95608-6052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-35

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

John E Fobes, II

Mailing Address 1638 Del Dayo Drive

City

Carmichael

State

CA

Zip Code

95608-6052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-35

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

John E Fobes, II

Mailing Address 1638 Del Dayo Drive

City

Carmichael

State

CA

Zip Code

95608-6052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-35

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Donald Forecki

Mailing Address 208 Laurel Lane

City

South Milwauk

State

WI

Zip Code

53172-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Inv Ops

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-804-10-0

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Donald Forecki

Mailing Address 208 Laurel Lane

City

South Milwauk

State

WI

Zip Code

53172-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Inv Ops

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-871-14-15

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Donald Forecki

Mailing Address 208 Laurel Lane

City

South Milwauk

State

WI

Zip Code

53172-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Inv Ops

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-871-15-1

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Donald Forecki

Mailing Address 208 Laurel Lane

City

South Milwauk

State

WI

Zip Code

53172-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Inv Ops

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	9	

Transaction ID: 20090921-866-17-1

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Donald Forecki

Mailing Address 208 Laurel Lane

City

South Milwauk

State

WI

Zip Code

53172-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Inv Ops

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	9	

Transaction ID: 20091008104013-793

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Donald Forecki

Mailing Address 208 Laurel Lane

City

South Milwauk

State

WI

Zip Code

53172-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Inv Ops

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	9	

Transaction ID: 20091015164625-792

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Donald Forecki

Mailing Address 208 Laurel Lane

City

South Milwauk

State

WI

Zip Code

53172-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir Inv Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-792

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Donald Forecki

Mailing Address 208 Laurel Lane

City

South Milwauk

State

WI

Zip Code

53172-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir Inv Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-792

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Lee M Fortenberry

Mailing Address 115 Hillside Road

City

Mechanicsburg

State

PA

Zip Code

17050-1728

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Harrisburg Inc

Occupation
Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1233-13-1

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

72.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Lee M Fortenberry

Mailing Address 115 Hillside Road

City

Mechanicsburg

State

PA

Zip Code

17050-1728

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Harrisburg Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1230-10-0

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Lee M Fortenberry

Mailing Address 115 Hillside Road

City

Mechanicsburg

State

PA

Zip Code

17050-1728

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Harrisburg Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-55-14-0

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Lee M Fortenberry

Mailing Address 115 Hillside Road

City

Mechanicsburg

State

PA

Zip Code

17050-1728

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Harrisburg Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-55-14-46

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Lee M Fortenberry

Mailing Address 115 Hillside Road

City

Mechanicsburg

State

PA

Zip Code

17050-1728

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Harrisburg Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-56-16-16

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Lee M Fortenberry

Mailing Address 115 Hillside Road

City

Mechanicsburg

State

PA

Zip Code

17050-1728

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Harrisburg Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-56

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Lee M Fortenberry

Mailing Address 115 Hillside Road

City

Mechanicsburg

State

PA

Zip Code

17050-1728

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Harrisburg Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-56

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Lee M Fortenberry

Mailing Address 115 Hillside Road

City

Mechanicsburg

State

PA

Zip Code

17050-1728

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Harrisburg Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-56

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Lee M Fortenberry

Mailing Address 115 Hillside Road

City

Mechanicsburg

State

PA

Zip Code

17050-1728

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Harrisburg Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-56

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Lance P Franczyk

Mailing Address 2224 E 24th Street

City

Tulsa

State

OK

Zip Code

74114-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pillars Fncl LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-58

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert T Frieling

Mailing Address 5 Gennaro Circle

City

Wayland

State

MA

Zip Code

01778-4436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1206-13-1

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Robert T Frieling

Mailing Address 5 Gennaro Circle

City

Wayland

State

MA

Zip Code

01778-4436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1204-10-0

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Robert T Frieling

Mailing Address 5 Gennaro Circle

City

Wayland

State

MA

Zip Code

01778-4436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-29-14-0

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert T Frieling

Mailing Address 5 Gennaro Circle

City

Wayland

State

MA

Zip Code

01778-4436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-29-14-46

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Robert T Frieling

Mailing Address 5 Gennaro Circle

City

Wayland

State

MA

Zip Code

01778-4436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-29-16-16

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Robert T Frieling

Mailing Address 5 Gennaro Circle

City

Wayland

State

MA

Zip Code

01778-4436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-29

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert T Frieling

Mailing Address 5 Gennaro Circle

City

Wayland

State

MA

Zip Code

01778-4436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-29

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Robert T Frieling

Mailing Address 5 Gennaro Circle

City

Wayland

State

MA

Zip Code

01778-4436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-29

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Robert T Frieling

Mailing Address 5 Gennaro Circle

City

Wayland

State

MA

Zip Code

01778-4436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-29

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Sheila M. Gavin

Mailing Address 5735 N Crestwood Blv

City

Glendale

State

WI

Zip Code

53209-4309

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1077-13-0

Amount of Each Receipt this Period

27.00

B.

Full Name (Last, First, Middle Initial)

Sheila M. Gavin

Mailing Address 5735 N Crestwood Blv

City

Glendale

State

WI

Zip Code

53209-4309

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1075-10-0

Amount of Each Receipt this Period

27.00

C.

Full Name (Last, First, Middle Initial)

Sheila M. Gavin

Mailing Address 5735 N Crestwood Blv

City

Glendale

State

WI

Zip Code

53209-4309

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1141-14-15

Amount of Each Receipt this Period

27.00

SUBTOTAL of Receipts This Page (optional)

81.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

Sheila M. Gavin

Mailing Address 5735 N Crestwood Blv

City

Glendale

State

WI

Zip Code

53209-4309

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1141-15-1

Amount of Each Receipt this Period

27.00

B.

Full Name (Last, First, Middle Initial)

Sheila M. Gavin

Mailing Address 5735 N Crestwood Blv

City

Glendale

State

WI

Zip Code

53209-4309

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1131-17-1

Amount of Each Receipt this Period

27.00

C.

Full Name (Last, First, Middle Initial)

Sheila M. Gavin

Mailing Address 5735 N Crestwood Blv

City

Glendale

State

WI

Zip Code

53209-4309

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-1058

Amount of Each Receipt this Period

27.00

SUBTOTAL of Receipts This Page (optional)

81.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Sheila M. Gavin

Mailing Address 5735 N Crestwood Blv

City

Glendale

State

WI

Zip Code

53209-4309

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Transaction ID: 20091015164625-1056

Amount of Each Receipt this Period

27.00

B.

Full Name (Last, First, Middle Initial)

Sheila M. Gavin

Mailing Address 5735 N Crestwood Blv

City

Glendale

State

WI

Zip Code

53209-4309

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	9

Transaction ID: 20091105152628-1056

Amount of Each Receipt this Period

27.00

C.

Full Name (Last, First, Middle Initial)

Sheila M. Gavin

Mailing Address 5735 N Crestwood Blv

City

Glendale

State

WI

Zip Code

53209-4309

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 2009111816423-1055

Amount of Each Receipt this Period

27.00

SUBTOTAL of Receipts This Page (optional)

81.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Timothy J. Gerend

Mailing Address 5421 N Idlewild Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5331

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Field Comp & Plg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-645-13-0

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Timothy J. Gerend

Mailing Address 5421 N Idlewild Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5331

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Field Comp & Plg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-645-10-0

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Timothy J. Gerend

Mailing Address 5421 N Idlewild Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5331

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Field Comp & Plg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-712-14-15

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Timothy J. Gerend

Mailing Address 5421 N Idlewild Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5331

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Field Comp & Plg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	9	

Transaction ID: 20090902-712-15-1

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Timothy J. Gerend

Mailing Address 5421 N Idlewild Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5331

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Field Comp & Plg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	9	

Transaction ID: 20090921-708-17-1

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Timothy J. Gerend

Mailing Address 5421 N Idlewild Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5331

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Field Comp & Plg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	9	

Transaction ID: 20091008104013-634

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Timothy J. Gerend

Mailing Address 5421 N Idlewild Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5331

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Field Comp & Plg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-633

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Timothy J. Gerend

Mailing Address 5421 N Idlewild Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5331

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Field Comp & Plg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-633

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Timothy J. Gerend

Mailing Address 5421 N Idlewild Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5331

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Field Comp & Plg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-633

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Walter M. Givler

Mailing Address 13040 Hawthorne Lane

City

New Berlin

State

WI

Zip Code

53151-8742

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Acctg Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-640-10-0

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Walter M. Givler

Mailing Address 13040 Hawthorne Lane

City

New Berlin

State

WI

Zip Code

53151-8742

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Acctg Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-707-14-15

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Walter M. Givler

Mailing Address 13040 Hawthorne Lane

City

New Berlin

State

WI

Zip Code

53151-8742

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Acctg Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-707-15-1

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Walter M. Givler

Mailing Address 13040 Hawthorne Lane

City

New Berlin

State

WI

Zip Code

53151-8742

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Acctg Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-703-17-1

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Walter M. Givler

Mailing Address 13040 Hawthorne Lane

City

New Berlin

State

WI

Zip Code

53151-8742

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Acctg Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-629

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Walter M. Givler

Mailing Address 13040 Hawthorne Lane

City

New Berlin

State

WI

Zip Code

53151-8742

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Acctg Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-628

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Walter M. Givler

Mailing Address 13040 Hawthorne Lane

City

New Berlin

State

WI

Zip Code

53151-8742

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Acctg Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-628

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Walter M. Givler

Mailing Address 13040 Hawthorne Lane

City

New Berlin

State

WI

Zip Code

53151-8742

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Acctg Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-628

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Robert P. Glazier

Mailing Address W299S8578 State Road

City

Mukwonago

State

WI

Zip Code

53149

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Act Sys

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-517

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)

43.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert P. Glazier

Mailing Address W299S8578 State Road

City

Mukwonago

State

WI

Zip Code

53149

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir Act Sys

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-517

Amount of Each Receipt this Period

13.00

B.

Full Name (Last, First, Middle Initial)

Robert P. Glazier

Mailing Address W299S8578 State Road

City

Mukwonago

State

WI

Zip Code

53149

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir Act Sys

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-518

Amount of Each Receipt this Period

13.00

C.

Full Name (Last, First, Middle Initial)

Mitchell B Glover

Mailing Address 6700 Old Darby Trail Northeast

City

Ada

State

MI

Zip Code

49301-8360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western MI Group LLC

Occupation
Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1297.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1204-13-1

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

68.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mitchell B Glover

Mailing Address 6700 Old Darby Trail Northeast

City

Ada

State

MI

Zip Code

49301-8360

FEC ID number of contributing
federal political committee.**C**Name of Employer
Western MI Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1297.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	9	

Transaction ID: 20090804-1202-10-0

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Mitchell B Glover

Mailing Address 6700 Old Darby Trail Northeast

City

Ada

State

MI

Zip Code

49301-8360

FEC ID number of contributing
federal political committee.**C**Name of Employer
Western MI Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1297.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	9	

Transaction ID: 20090819-27-14-0

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Mitchell B Glover

Mailing Address 6700 Old Darby Trail Northeast

City

Ada

State

MI

Zip Code

49301-8360

FEC ID number of contributing
federal political committee.**C**Name of Employer
Western MI Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1297.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	9	

Transaction ID: 20090902-27-14-46

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mitchell B Glover

Mailing Address 6700 Old Darby Trail Northeast

City

Ada

State

MI

Zip Code

49301-8360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western MI Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1297.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-27-16-16

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Mitchell B Glover

Mailing Address 6700 Old Darby Trail Northeast

City

Ada

State

MI

Zip Code

49301-8360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western MI Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1297.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-27

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Mitchell B Glover

Mailing Address 6700 Old Darby Trail Northeast

City

Ada

State

MI

Zip Code

49301-8360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western MI Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1297.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-27

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mitchell B Glover

Mailing Address 6700 Old Darby Trail Northeast

City

Ada

State

MI

Zip Code

49301-8360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western MI Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1297.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	9

Transaction ID: 20091105152043-27

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Mitchell B Glover

Mailing Address 6700 Old Darby Trail Northeast

City

Ada

State

MI

Zip Code

49301-8360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western MI Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1297.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	0	9

Transaction ID: 20091118163132-27

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Mark J. Gmach

Mailing Address 14315 Radiant Court

City

Brookfield

State

WI

Zip Code

53005-7073

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Field Spv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	0	9

Transaction ID: 2009111816423-895

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

260.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Deborah A. Gonnella

Mailing Address 11924 W Scherrei Drive

City

Franklin

State

WI

Zip Code

53132-1624

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
IS Cons

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1075

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Kimberley Goode

Mailing Address 2485 W Fairy Chasm R

City

River Hills

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1263.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-588-13-0

Amount of Each Receipt this Period

63.00

C.

Full Name (Last, First, Middle Initial)

Kimberley Goode

Mailing Address 2485 W Fairy Chasm R

City

River Hills

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1263.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-588-10-0

Amount of Each Receipt this Period

63.00

SUBTOTAL of Receipts This Page (optional)

136.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kimberley Goode

Mailing Address 2485 W Fairy Chasm R

City

River Hills

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1263.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-656-14-15

Amount of Each Receipt this Period

63.00

B.

Full Name (Last, First, Middle Initial)

Kimberley Goode

Mailing Address 2485 W Fairy Chasm R

City

River Hills

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1263.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-656-15-1

Amount of Each Receipt this Period

63.00

C.

Full Name (Last, First, Middle Initial)

Kimberley Goode

Mailing Address 2485 W Fairy Chasm R

City

River Hills

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1263.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-654-17-1

Amount of Each Receipt this Period

63.00

SUBTOTAL of Receipts This Page (optional)

189.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kimberley Goode

Mailing Address 2485 W Fairy Chasm R

City

River Hills

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1263.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-580

Amount of Each Receipt this Period

63.00

B.

Full Name (Last, First, Middle Initial)

Kimberley Goode

Mailing Address 2485 W Fairy Chasm R

City

River Hills

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1263.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-579

Amount of Each Receipt this Period

63.00

C.

Full Name (Last, First, Middle Initial)

Kimberley Goode

Mailing Address 2485 W Fairy Chasm R

City

River Hills

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1263.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-579

Amount of Each Receipt this Period

63.00

SUBTOTAL of Receipts This Page (optional)

189.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kimberley Goode

Mailing Address 2485 W Fairy Chasm R

City

River Hills

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1263.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-580

Amount of Each Receipt this Period

63.00

B.

Full Name (Last, First, Middle Initial)

Patrick K Gores

Mailing Address 2702 28th Avenue Southwest

City

Fargo

State

ND

Zip Code

58103-5045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1672.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1196-13-1

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Patrick K Gores

Mailing Address 2702 28th Avenue Southwest

City

Fargo

State

ND

Zip Code

58103-5045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1672.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1194-10-0

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

147.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Patrick K Gores

Mailing Address 2702 28th Avenue Southwest

City

Fargo

State

ND

Zip Code

58103-5045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1672.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-19-14-0

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Patrick K Gores

Mailing Address 2702 28th Avenue Southwest

City

Fargo

State

ND

Zip Code

58103-5045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1672.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 7044F159E4458E85325

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Patrick K Gores

Mailing Address 2702 28th Avenue Southwest

City

Fargo

State

ND

Zip Code

58103-5045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1672.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-19-14-46

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

1084.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Tom Goris, Jr.

Mailing Address 8042 Cheverny Drive

City

Mequon

State

WI

Zip Code

53097-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goris Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1217-13-1

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Tom Goris, Jr.

Mailing Address 8042 Cheverny Drive

City

Mequon

State

WI

Zip Code

53097-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goris Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1214-10-0

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Tom Goris, Jr.

Mailing Address 8042 Cheverny Drive

City

Mequon

State

WI

Zip Code

53097-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goris Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-39-14-0

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Tom Goris, Jr.

Mailing Address 8042 Cheverny Drive

City

Mequon

State

WI

Zip Code

53097-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goris Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	9	

Transaction ID: 20090902-39-14-46

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Tom Goris, Jr.

Mailing Address 8042 Cheverny Drive

City

Mequon

State

WI

Zip Code

53097-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goris Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	9	

Transaction ID: 20090921-40-16-16

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Tom Goris, Jr.

Mailing Address 8042 Cheverny Drive

City

Mequon

State

WI

Zip Code

53097-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goris Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	9	

Transaction ID: 20091008103448-40

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Tom Goris, Jr.

Mailing Address 8042 Cheverny Drive

City

Mequon

State

WI

Zip Code

53097-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goris Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-40

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Tom Goris, Jr.

Mailing Address 8042 Cheverny Drive

City

Mequon

State

WI

Zip Code

53097-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goris Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-40

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Tom Goris, Jr.

Mailing Address 8042 Cheverny Drive

City

Mequon

State

WI

Zip Code

53097-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goris Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-40

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Karl G. Gouverneur

Mailing Address 12895 N Cobblestone

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Tech Architect

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1143-13-0

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Karl G. Gouverneur

Mailing Address 12895 N Cobblestone

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Tech Architect

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1141-10-0

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Karl G. Gouverneur

Mailing Address 12895 North Cobblestone

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Tech Architect

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1207-14-15

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Karl G. Gouverneur

Mailing Address 12895 North Cobblestone

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Tech Architect

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1207-15-1

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Karl G. Gouverneur

Mailing Address 12895 North Cobblestone

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Tech Architect

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1196-17-1

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Karl G. Gouverneur

Mailing Address 12895 North Cobblestone

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Tech Architect

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-1123

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 574

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Karl G. Gouverneur

Mailing Address 12895 North Cobblestone

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Tech Architect

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-1121

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Karl G. Gouverneur

Mailing Address 12895 North Cobblestone

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Tech Architect

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-1121

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Karl G. Gouverneur

Mailing Address 12895 North Cobblestone

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Tech Architect

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1120

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Paul A. Gregory

Mailing Address 3595 Candlewood Trail

City

Marietta

State

GA

Zip Code

30066-4574

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Field Asset Mgt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1109

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

John M. Grogan

Mailing Address 706 W Acacia Road

City

Glendale

State

WI

Zip Code

53217-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Pres & CEO Wealth Mgmt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1848.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1049-13-0

Amount of Each Receipt this Period

88.00

C.

Full Name (Last, First, Middle Initial)

John M. Grogan

Mailing Address 706 W Acacia Road

City

Glendale

State

WI

Zip Code

53217-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Pres & CEO Wealth Mgmt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1848.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1047-10-0

Amount of Each Receipt this Period

88.00

SUBTOTAL of Receipts This Page (optional)

186.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John M. Grogan

Mailing Address 706 W Acacia Road

City

Glendale

State

WI

Zip Code

53217-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Pres & CEO Wealth Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1848.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1114-14-15

Amount of Each Receipt this Period

88.00

B.

Full Name (Last, First, Middle Initial)

John M. Grogan

Mailing Address 706 W Acacia Road

City

Glendale

State

WI

Zip Code

53217-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Pres & CEO Wealth Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1848.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1114-15-1

Amount of Each Receipt this Period

88.00

C.

Full Name (Last, First, Middle Initial)

John M. Grogan

Mailing Address 706 W Acacia Road

City

Glendale

State

WI

Zip Code

53217-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Pres & CEO Wealth Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1848.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1105-17-1

Amount of Each Receipt this Period

88.00

SUBTOTAL of Receipts This Page (optional)

264.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John M. Grogan

Mailing Address 706 W Acacia Road

City

Glendale

State

WI

Zip Code

53217-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Pres & CEO Wealth Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1848.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-1032

Amount of Each Receipt this Period

88.00

B.

Full Name (Last, First, Middle Initial)

John M. Grogan

Mailing Address 706 W Acacia Road

City

Glendale

State

WI

Zip Code

53217-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Pres & CEO Wealth Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1848.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-1031

Amount of Each Receipt this Period

88.00

C.

Full Name (Last, First, Middle Initial)

John M. Grogan

Mailing Address 706 W Acacia Road

City

Glendale

State

WI

Zip Code

53217-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Pres & CEO Wealth Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1848.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-1031

Amount of Each Receipt this Period

88.00

SUBTOTAL of Receipts This Page (optional)

264.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 574
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John M. Grogan

Mailing Address 706 W Acacia Road

City

Glendale

State

WI

Zip Code

53217-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Pres & CEO Wealth Mgmt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1848.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1030

Amount of Each Receipt this Period

88.00

B.

Full Name (Last, First, Middle Initial)

Jon P Gruenstern

Mailing Address 2155 Hickory Court

City

Oshkosh

State

WI

Zip Code

54901-2581

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1185-13-1

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Jon P Gruenstern

Mailing Address 2155 Hickory Court

City

Oshkosh

State

WI

Zip Code

54901-2581

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1183-10-0

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

172.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jon P Gruenstern

Mailing Address 2155 Hickory Court

City

Oshkosh

State

WI

Zip Code

54901-2581

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-8-14-0

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Jon P Gruenstern

Mailing Address 2155 Hickory Court

City

Oshkosh

State

WI

Zip Code

54901-2581

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-8-14-46

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Jon P Gruenstern

Mailing Address 2155 Hickory Court

City

Oshkosh

State

WI

Zip Code

54901-2581

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-8-16-16

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jon P Gruenstern

Mailing Address 2155 Hickory Court

City

Oshkosh

State

WI

Zip Code

54901-2581

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-8

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Jon P Gruenstern

Mailing Address 2155 Hickory Court

City

Oshkosh

State

WI

Zip Code

54901-2581

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-8

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Jon P Gruenstern

Mailing Address 2155 Hickory Court

City

Oshkosh

State

WI

Zip Code

54901-2581

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-8

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jon P Gruenstern

Mailing Address 2155 Hickory Court

City

Oshkosh

State

WI

Zip Code

54901-2581

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-8

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Thomas C. Guay

Mailing Address W73 N377 Mulberry Avenue

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-New Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-666-13-0

Amount of Each Receipt this Period

54.00

C.

Full Name (Last, First, Middle Initial)

Thomas C. Guay

Mailing Address W73 N377 Mulberry Avenue

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-New Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-665-10-0

Amount of Each Receipt this Period

54.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Thomas C. Guay

Mailing Address W73 N377 Mulberry Avenue

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-New Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-732-14-15

Amount of Each Receipt this Period

54.00

B.

Full Name (Last, First, Middle Initial)

Thomas C. Guay

Mailing Address W73 N377 Mulberry Avenue

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-New Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-732-15-1

Amount of Each Receipt this Period

54.00

C.

Full Name (Last, First, Middle Initial)

Thomas C. Guay

Mailing Address W73 N377 Mulberry Avenue

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-New Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-728-17-1

Amount of Each Receipt this Period

54.00

SUBTOTAL of Receipts This Page (optional)

162.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Thomas C. Guay

Mailing Address W73 N377 Mulberry Avenue

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-New Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-655

Amount of Each Receipt this Period

54.00

B.

Full Name (Last, First, Middle Initial)

Thomas C. Guay

Mailing Address W73 N377 Mulberry Avenue

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-New Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-654

Amount of Each Receipt this Period

54.00

C.

Full Name (Last, First, Middle Initial)

Thomas C. Guay

Mailing Address W73 N377 Mulberry Avenue

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-New Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-654

Amount of Each Receipt this Period

54.00

SUBTOTAL of Receipts This Page (optional)

162.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Thomas C. Guay

Mailing Address W73 N377 Mulberry Avenue

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-New Business

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-654

Amount of Each Receipt this Period

54.00

B.

Full Name (Last, First, Middle Initial)

Stephen T Guinan

Mailing Address 56 Country Knoll Drive

City

Binghamton

State

NY

Zip Code

13901-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Guinan Fncl Grp LLC

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1230-13-1

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Stephen T Guinan

Mailing Address 56 Country Knoll Drive

City

Binghamton

State

NY

Zip Code

13901-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Guinan Fncl Grp LLC

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1227-10-0

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

138.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Stephen T Guinan

Mailing Address 56 Country Knoll Drive

City

Binghamton

State

NY

Zip Code

13901-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Guinan Fncl Grp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-52-14-0

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Stephen T Guinan

Mailing Address 56 Country Knoll Drive

City

Binghamton

State

NY

Zip Code

13901-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Guinan Fncl Grp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-52-14-46

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Stephen T Guinan

Mailing Address 56 Country Knoll Drive

City

Binghamton

State

NY

Zip Code

13901-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Guinan Fncl Grp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-53-16-16

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Stephen T Guinan

Mailing Address 126 Waverly Circle

City

Phoenixville

State

PA

Zip Code

19460-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Guinan Fncl Grp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-53

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Stephen T Guinan

Mailing Address 126 Waverly Circle

City

Phoenixville

State

PA

Zip Code

19460-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Guinan Fncl Grp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-53

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Stephen T Guinan

Mailing Address 126 Waverly Circle

City

Phoenixville

State

PA

Zip Code

19460-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Guinan Fncl Grp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-53

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

Stephen T Guinan

Mailing Address 126 Waverly Circle

City

Phoenixville

State

PA

Zip Code

19460-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Guinan Fncl Grp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-53

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Kevin J Hassan

Mailing Address 804 Montparnasse Place

City

Newtown Sq

State

PA

Zip Code

19073-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hassan Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1205-13-1

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Kevin J Hassan

Mailing Address 804 Montparnasse Place

City

Newtown Sq

State

PA

Zip Code

19073-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hassan Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1203-10-0

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

292.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kevin J Hassan

Mailing Address 804 Montparnasse Place

City

Newtown Sq

State

PA

Zip Code

19073-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hassan Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-28-14-0

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Kevin J Hassan

Mailing Address 804 Montparnasse Place

City

Newtown Sq

State

PA

Zip Code

19073-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hassan Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-28-14-46

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Kevin J Hassan

Mailing Address 804 Montparnasse Place

City

Newtown Sq

State

PA

Zip Code

19073-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hassan Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-28-16-16

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

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A.

Full Name (Last, First, Middle Initial)

Kevin J Hassan

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City

Newtown Sq

State

PA

Zip Code

19073-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hassan Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: 20091008103448-28

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Kevin J Hassan

Mailing Address 804 Montparnasse Place

City

Newtown Sq

State

PA

Zip Code

19073-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hassan Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Transaction ID: 2009102293957-28

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Kevin J Hassan

Mailing Address 804 Montparnasse Place

City

Newtown Sq

State

PA

Zip Code

19073-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hassan Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	9

Transaction ID: 20091105152043-28

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kevin J Hassan

Mailing Address 804 Montparnasse Place

City

Newtown Sq

State

PA

Zip Code

19073-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hassan Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-28

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Laura J. Hauschild

Mailing Address 14611 50th Road

City

Sturtevant

State

WI

Zip Code

53177-1038

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Retirement Mkt Prj

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-771

Amount of Each Receipt this Period

13.00

C.

Full Name (Last, First, Middle Initial)

Laura J. Hauschild

Mailing Address 14611 50th Road

City

Sturtevant

State

WI

Zip Code

53177-1038

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Retirement Mkt Prj

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-771

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)

151.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Laura J. Hauschild

Mailing Address 14611 50th Road

City

Sturtevant

State

WI

Zip Code

53177-1038

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Retirement Mkt Prj

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-771

Amount of Each Receipt this Period

13.00

B.

Full Name (Last, First, Middle Initial)

Wayne F. Heidenreich, MD

Mailing Address 4753 N Larkin Street

City

Whitefish Bay

State

WI

Zip Code

53211-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Medical Dir/HR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1116-15-1

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Wayne F. Heidenreich, MD

Mailing Address 4753 N Larkin Street

City

Whitefish Bay

State

WI

Zip Code

53211-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Medical Dir/HR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1107-17-1

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

43.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Wayne F. Heidenreich, MD

Mailing Address 4753 N Larkin Street

City

Whitefish Bay

State

WI

Zip Code

53211-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Medical Dir/HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-1034

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Wayne F. Heidenreich, MD

Mailing Address 4753 N Larkin Street

City

Whitefish Bay

State

WI

Zip Code

53211-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Medical Dir/HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-1033

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Wayne F. Heidenreich, MD

Mailing Address 4753 N Larkin Street

City

Whitefish Bay

State

WI

Zip Code

53211-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Medical Dir/HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-1033

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Wayne F. Heidenreich, MD

Mailing Address 4753 N Larkin Street

City

Whitefish Bay

State

WI

Zip Code

53211-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Medical Dir/HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1032

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Mark J Heurung

Mailing Address 18443 Melissa Circle

City

Eden Prairie

State

MN

Zip Code

55347-1058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2240.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1229-13-1

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Mark J Heurung

Mailing Address 18443 Melissa Circle

City

Eden Prairie

State

MN

Zip Code

55347-1058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2240.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1226-10-0

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark J Heurung

Mailing Address 18443 Melissa Circle

City

Eden Prairie

State

MN

Zip Code

55347-1058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-51-14-0

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Mark J Heurung

Mailing Address 18443 Melissa Circle

City

Eden Prairie

State

MN

Zip Code

55347-1058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-51-14-46

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Mark J Heurung

Mailing Address 18443 Melissa Circle

City

Eden Prairie

State

MN

Zip Code

55347-1058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-52-16-16

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

358.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark J Heurung

Mailing Address 18443 Melissa Circle

City

Eden Prairie

State

MN

Zip Code

55347-1058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-52

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Mark J Heurung

Mailing Address 18443 Melissa Circle

City

Eden Prairie

State

MN

Zip Code

55347-1058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-52

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Mark J Heurung

Mailing Address 18443 Melissa Circle

City

Eden Prairie

State

MN

Zip Code

55347-1058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-52

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark J Heurung

Mailing Address 18443 Melissa Circle

City

Eden Prairie

State

MN

Zip Code

55347-1058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-52

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Gary M. Hewitt

Mailing Address 2045 Elm Tree Road

City

Elm Grove

State

WI

Zip Code

53122-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Treas & Inv Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1578.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-937-13-0

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

Gary M. Hewitt

Mailing Address 2045 Elm Tree Road

City

Elm Grove

State

WI

Zip Code

53122-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Treas & Inv Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1578.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-935-10-0

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

348.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gary M. Hewitt

Mailing Address 2045 Elm Tree Road

City

Elm Grove

State

WI

Zip Code

53122-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Treas & Inv Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1578.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1002-14-15

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

Gary M. Hewitt

Mailing Address 2045 Elm Tree Road

City

Elm Grove

State

WI

Zip Code

53122-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Treas & Inv Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1578.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1002-15-1

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

Gary M. Hewitt

Mailing Address 2045 Elm Tree Road

City

Elm Grove

State

WI

Zip Code

53122-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Treas & Inv Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1578.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-996-17-1

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gary M. Hewitt

Mailing Address 2045 Elm Tree Road

City

Elm Grove

State

WI

Zip Code

53122-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Treas & Inv Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1578.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: 20091008104013-923

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

Gary M. Hewitt

Mailing Address 2045 Elm Tree Road

City

Elm Grove

State

WI

Zip Code

53122-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Treas & Inv Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1578.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Transaction ID: 20091015164625-922

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

Gary M. Hewitt

Mailing Address 2045 Elm Tree Road

City

Elm Grove

State

WI

Zip Code

53122-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Treas & Inv Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1578.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	9

Transaction ID: 20091105152628-922

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gary M. Hewitt

Mailing Address 2045 Elm Tree Road

City

Elm Grove

State

WI

Zip Code

53122-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Treas & Inv Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1578.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 2009111816423-922

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

Patricia J. Hillmann

Mailing Address 1227 N 55th Street

City

Milwaukee

State

WI

Zip Code

53208-2519

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Ann Cust Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 2009111816423-634

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Michael T. Holloway

Mailing Address 425 Lake Bluff Lane

City

Grafton

State

WI

Zip Code

53024-9764

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	9

Transaction ID: 20090720-900-13-0

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)

104.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Michael T. Holloway

Mailing Address 425 Lake Bluff Lane

City

Grafton

State

WI

Zip Code

53024-9764

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-898-10-0

Amount of Each Receipt this Period

24.00

B.

Full Name (Last, First, Middle Initial)

Michael T. Holloway

Mailing Address 425 Lake Bluff Lane

City

Grafton

State

WI

Zip Code

53024-9764

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-965-14-15

Amount of Each Receipt this Period

24.00

C.

Full Name (Last, First, Middle Initial)

Michael T. Holloway

Mailing Address 425 Lake Bluff Lane

City

Grafton

State

WI

Zip Code

53024-9764

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-965-15-1

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)

72.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Michael T. Holloway

Mailing Address 425 Lake Bluff Lane

City

Grafton

State

WI

Zip Code

53024-9764

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-960-17-1

Amount of Each Receipt this Period

24.00

B.

Full Name (Last, First, Middle Initial)

Michael T. Holloway

Mailing Address 425 Lake Bluff Lane

City

Grafton

State

WI

Zip Code

53024-9764

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-887

Amount of Each Receipt this Period

24.00

C.

Full Name (Last, First, Middle Initial)

Michael T. Holloway

Mailing Address 425 Lake Bluff Lane

City

Grafton

State

WI

Zip Code

53024-9764

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-886

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)

72.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Michael T. Holloway

Mailing Address 425 Lake Bluff Lane

City

Grafton

State

WI

Zip Code

53024-9764

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-886

Amount of Each Receipt this Period

24.00

B.

Full Name (Last, First, Middle Initial)

Michael T. Holloway

Mailing Address 425 Lake Bluff Lane

City

Grafton

State

WI

Zip Code

53024-9764

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-886

Amount of Each Receipt this Period

24.00

C.

Full Name (Last, First, Middle Initial)

Steve H Holter

Mailing Address 11390 N Creekside Court

City

Mequon

State

WI

Zip Code

53092-4377

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Holter Agency Inc

Occupation
Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1297.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1235-13-1

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steve H Holter

Mailing Address 11390 N Creekside Court

City

Mequon

State

WI

Zip Code

53092-4377

FEC ID number of contributing
federal political committee.**C**Name of Employer
The Holter Agency Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1297.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	9

Transaction ID: 20090804-1232-10-0

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Steve H Holter

Mailing Address 11390 N Creekside Court

City

Mequon

State

WI

Zip Code

53092-4377

FEC ID number of contributing
federal political committee.**C**Name of Employer
The Holter Agency Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1297.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	9

Transaction ID: 20090819-57-14-0

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Steve H Holter

Mailing Address 11390 N Creekside Court

City

Mequon

State

WI

Zip Code

53092-4377

FEC ID number of contributing
federal political committee.**C**Name of Employer
The Holter Agency Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1297.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	9

Transaction ID: 20090902-57-14-46

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steve H Holter

Mailing Address 11390 N Creekside Court

City

Mequon

State

WI

Zip Code

53092-4377

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Holter Agency Inc

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1297.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-60-16-16

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Steve H Holter

Mailing Address 11390 N Creekside Court

City

Mequon

State

WI

Zip Code

53092-4377

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Holter Agency Inc

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1297.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-60

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Steve H Holter

Mailing Address 11390 N Creekside Court

City

Mequon

State

WI

Zip Code

53092-4377

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Holter Agency Inc

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1297.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-60

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steve H Holter

Mailing Address 11390 N Creekside Court

City

Mequon

State

WI

Zip Code

53092-4377

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Holter Agency Inc

Occupation

Special Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1297.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	9

Transaction ID: 20091105152043-60

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Steve H Holter

Mailing Address 11390 N Creekside Court

City

Mequon

State

WI

Zip Code

53092-4377

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Holter Agency Inc

Occupation

Special Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1297.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 20091118163132-60

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Harry P Hoopis

Mailing Address 1133 Elmtree Road

City

Lake Forest

State

IL

Zip Code

60045-1413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	9

Transaction ID: 20090720-1178-13-1

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

458.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Harry P Hoopis

Mailing Address 1133 Elmtree Road

City

Lake Forest

State

IL

Zip Code

60045-1413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1176-10-0

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Harry P Hoopis

Mailing Address 1133 Elmtree Road

City

Lake Forest

State

IL

Zip Code

60045-1413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1-14-0

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Harry P Hoopis

Mailing Address 1133 Elmtree Road

City

Lake Forest

State

IL

Zip Code

60045-1413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1-14-46

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Harry P Hoopis

Mailing Address 1133 Elmtree Road

City

Lake Forest

State

IL

Zip Code

60045-1413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1-16-16

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Harry P Hoopis

Mailing Address 1133 Elmtree Road

City

Lake Forest

State

IL

Zip Code

60045-1413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-1

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Harry P Hoopis

Mailing Address 1133 Elmtree Road

City

Lake Forest

State

IL

Zip Code

60045-1413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-1

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Harry P Hoopis

Mailing Address 1133 Elmtree Road

City

Lake Forest

State

IL

Zip Code

60045-1413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-1

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Harry P Hoopis

Mailing Address 1133 Elmtree Road

City

Lake Forest

State

IL

Zip Code

60045-1413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-1

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Brian J Hubbell

Mailing Address 1701 E Westminster Lane

City

Spokane

State

WA

Zip Code

99223-6712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hubbell Fnc'l Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-17

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

466.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Scott Iodice

Mailing Address 5612 Enderly Road

City

Baltimore

State

MD

Zip Code

21212-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	9	

Transaction ID: 20090720-1212-13-1

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Scott Iodice

Mailing Address 5612 Enderly Road

City

Baltimore

State

MD

Zip Code

21212-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	9	

Transaction ID: 20090804-1209-10-0

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Scott Iodice

Mailing Address 5612 Enderly Road

City

Baltimore

State

MD

Zip Code

21212-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	9	

Transaction ID: 20090819-34-14-0

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Scott Iodice

Mailing Address 5612 Enderly Road

City

Baltimore

State

MD

Zip Code

21212-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-34-14-46

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Scott Iodice

Mailing Address 5612 Enderly Road

City

Baltimore

State

MD

Zip Code

21212-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-34-16-16

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Scott Iodice

Mailing Address 5612 Enderly Road

City

Baltimore

State

MD

Zip Code

21212-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-34

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Scott Iodice

Mailing Address 5612 Enderly Road

City

Baltimore

State

MD

Zip Code

21212-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-34

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Scott Iodice

Mailing Address 5612 Enderly Road

City

Baltimore

State

MD

Zip Code

21212-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-34

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Scott Iodice

Mailing Address 5612 Enderly Road

City

Baltimore

State

MD

Zip Code

21212-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-34

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Nicholas E. Jahnke

Mailing Address 23702 Champe Ford Road

City

Middleburg

State

VA

Zip Code

20117-2940

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Production

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1596.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-969-13-0

Amount of Each Receipt this Period

76.00

B.

Full Name (Last, First, Middle Initial)

Nicholas E. Jahnke

Mailing Address 23702 Champe Ford Road

City

Middleburg

State

VA

Zip Code

20117-2940

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Production

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1596.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-967-10-0

Amount of Each Receipt this Period

76.00

C.

Full Name (Last, First, Middle Initial)

Nicholas E. Jahnke

Mailing Address 23702 Champe Ford Road

City

Middleburg

State

VA

Zip Code

20117-2940

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Production

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1596.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1034-14-15

Amount of Each Receipt this Period

76.00

SUBTOTAL of Receipts This Page (optional)

228.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Nicholas E. Jahnke

Mailing Address 23702 Champe Ford Road

City

Middleburg

State

VA

Zip Code

20117-2940

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Production

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1596.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	9	

Transaction ID: 20090902-1034-15-1

Amount of Each Receipt this Period

76.00

B.

Full Name (Last, First, Middle Initial)

Nicholas E. Jahnke

Mailing Address 23702 Champe Ford Road

City

Middleburg

State

VA

Zip Code

20117-2940

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Production

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1596.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	9	

Transaction ID: 20090921-1027-17-1

Amount of Each Receipt this Period

76.00

C.

Full Name (Last, First, Middle Initial)

Nicholas E. Jahnke

Mailing Address 23702 Champe Ford Road

City

Middleburg

State

VA

Zip Code

20117-2940

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Production

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1596.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	9	

Transaction ID: 20091008104013-954

Amount of Each Receipt this Period

76.00

SUBTOTAL of Receipts This Page (optional)

228.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Nicholas E. Jahnke

Mailing Address 23702 Champe Ford Road

City

Middleburg

State

VA

Zip Code

20117-2940

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Production

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1596.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-953

Amount of Each Receipt this Period

76.00

B.

Full Name (Last, First, Middle Initial)

Nicholas E. Jahnke

Mailing Address 23702 Champe Ford Road

City

Middleburg

State

VA

Zip Code

20117-2940

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Production

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1596.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-953

Amount of Each Receipt this Period

76.00

C.

Full Name (Last, First, Middle Initial)

Nicholas E. Jahnke

Mailing Address 23702 Champe Ford Road

City

Middleburg

State

VA

Zip Code

20117-2940

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Production

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1596.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-953

Amount of Each Receipt this Period

76.00

SUBTOTAL of Receipts This Page (optional)

228.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gregory G. Johnson

Mailing Address 507 W Kenilworth Circle

City

Mequon

State

WI

Zip Code

53092-6199

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1184-14-15

Amount of Each Receipt this Period

14.00

B.

Full Name (Last, First, Middle Initial)

Gregory G. Johnson

Mailing Address 507 W Kenilworth Circle

City

Mequon

State

WI

Zip Code

53092-6199

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1184-15-1

Amount of Each Receipt this Period

14.00

C.

Full Name (Last, First, Middle Initial)

Gregory G. Johnson

Mailing Address 507 W Kenilworth Circle

City

Mequon

State

WI

Zip Code

53092-6199

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1173-17-1

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)

42.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gregory G. Johnson

Mailing Address 507 W Kenilworth Circle

City

Mequon

State

WI

Zip Code

53092-6199

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-1100

Amount of Each Receipt this Period

14.00

B.

Full Name (Last, First, Middle Initial)

Gregory G. Johnson

Mailing Address 507 W Kenilworth Circle

City

Mequon

State

WI

Zip Code

53092-6199

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-1098

Amount of Each Receipt this Period

14.00

C.

Full Name (Last, First, Middle Initial)

Gregory G. Johnson

Mailing Address 507 W Kenilworth Circle

City

Mequon

State

WI

Zip Code

53092-6199

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-1098

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)

42.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gregory G. Johnson

Mailing Address 507 W Kenilworth Circle

City

Mequon

State

WI

Zip Code

53092-6199

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1097

Amount of Each Receipt this Period

14.00

B.

Full Name (Last, First, Middle Initial)

Daniel J. Kallay

Mailing Address S85W32221 Roberts Court

City

Mukwonago

State

WI

Zip Code

53149-8224

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Chief Pilot

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-561

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Shawn F Kelley

Mailing Address 16 Vintage Walk

City

Cincinnati

State

OH

Zip Code

45249-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kelley Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1242-13-1

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

66.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Shawn F Kelley

Mailing Address 16 Vintage Walk

City

Cincinnati

State

OH

Zip Code

45249-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kelley Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1239-10-0

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Shawn F Kelley

Mailing Address 16 Vintage Walk

City

Cincinnati

State

OH

Zip Code

45249-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kelley Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-64-14-0

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Shawn F Kelley

Mailing Address 16 Vintage Walk

City

Cincinnati

State

OH

Zip Code

45249-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kelley Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-64-14-46

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Shawn F Kelley

Mailing Address 16 Vintage Walk

City

Cincinnati

State

OH

Zip Code

45249-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kelley Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-69-16-16

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Shawn F Kelley

Mailing Address 16 Vintage Walk

City

Cincinnati

State

OH

Zip Code

45249-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kelley Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-69

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Shawn F Kelley

Mailing Address 16 Vintage Walk

City

Cincinnati

State

OH

Zip Code

45249-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kelley Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-69

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Shawn F Kelley

Mailing Address 16 Vintage Walk

City

Cincinnati

State

OH

Zip Code

45249-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kelley Fnc'l Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-69

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Shawn F Kelley

Mailing Address 16 Vintage Walk

City

Cincinnati

State

OH

Zip Code

45249-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kelley Fnc'l Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-69

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

John C. Kelly

Mailing Address 5806 N Kent Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-4612

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1281.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-637-13-0

Amount of Each Receipt this Period

61.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John C. Kelly

Mailing Address 5806 N Kent Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-4612

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1281.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-637-10-0

Amount of Each Receipt this Period

61.00

B.

Full Name (Last, First, Middle Initial)

John C. Kelly

Mailing Address 5806 N Kent Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-4612

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1281.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-704-14-15

Amount of Each Receipt this Period

61.00

C.

Full Name (Last, First, Middle Initial)

John C. Kelly

Mailing Address 5806 N Kent Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-4612

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1281.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-704-15-1

Amount of Each Receipt this Period

61.00

SUBTOTAL of Receipts This Page (optional)

183.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John C. Kelly

Mailing Address 5806 N Kent Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-4612

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1281.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-700-17-1

Amount of Each Receipt this Period

61.00

B.

Full Name (Last, First, Middle Initial)

John C. Kelly

Mailing Address 5806 N Kent Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-4612

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1281.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-626

Amount of Each Receipt this Period

61.00

C.

Full Name (Last, First, Middle Initial)

John C. Kelly

Mailing Address 5806 N Kent Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-4612

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1281.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-625

Amount of Each Receipt this Period

61.00

SUBTOTAL of Receipts This Page (optional)

183.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John C. Kelly

Mailing Address 5806 N Kent Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-4612

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Controller

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1281.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	9

Transaction ID: 20091105152628-625

Amount of Each Receipt this Period

61.00

B.

Full Name (Last, First, Middle Initial)

John C. Kelly

Mailing Address 5806 N Kent Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-4612

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Controller

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1281.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 2009111816423-625

Amount of Each Receipt this Period

61.00

C.

Full Name (Last, First, Middle Initial)

Troy B Kemelgor

Mailing Address 8930 Dunn Court

City

Dublin

State

OH

Zip Code

43017-8880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	9

Transaction ID: 20090720-1241-13-1

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

164.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Troy B Kemelgor

Mailing Address 8930 Dunn Court

City

Dublin

State

OH

Zip Code

43017-8880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1238-10-0

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Troy B Kemelgor

Mailing Address 8930 Dunn Court

City

Dublin

State

OH

Zip Code

43017-8880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-63-14-0

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Troy B Kemelgor

Mailing Address 8930 Dunn Court

City

Dublin

State

OH

Zip Code

43017-8880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-63-14-46

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Troy B Kemelgor

Mailing Address 8930 Dunn Court

City

Dublin

State

OH

Zip Code

43017-8880

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	9

Transaction ID: 20090921-67-16-16

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Troy B Kemelgor

Mailing Address 8930 Dunn Court

City

Dublin

State

OH

Zip Code

43017-8880

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: 20091008103448-67

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Troy B Kemelgor

Mailing Address 8930 Dunn Court

City

Dublin

State

OH

Zip Code

43017-8880

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Transaction ID: 2009102293957-67

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Troy B Kemelgor

Mailing Address 8930 Dunn Court

City

Dublin

State

OH

Zip Code

43017-8880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-67

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Troy B Kemelgor

Mailing Address 8930 Dunn Court

City

Dublin

State

OH

Zip Code

43017-8880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-67

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Robert H Kerrigan, Jr.

Mailing Address 1457 N Beverly Drive

City

Beverly Hills

State

CA

Zip Code

90210-2326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1247-13-1

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

209.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert H Kerrigan, Jr.

Mailing Address 1457 N Beverly Drive

City

Beverly Hills

State

CA

Zip Code

90210-2326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1244-10-0

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Robert H Kerrigan, Jr.

Mailing Address 1457 N Beverly Drive

City

Beverly Hills

State

CA

Zip Code

90210-2326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-69-14-0

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Robert H Kerrigan, Jr.

Mailing Address 1457 N Beverly Drive

City

Beverly Hills

State

CA

Zip Code

90210-2326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-69-14-46

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert H Kerrigan, Jr.

Mailing Address 1457 N Beverly Drive

City

Beverly Hills

State

CA

Zip Code

90210-2326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-75-16-16

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Robert H Kerrigan, Jr.

Mailing Address 1457 N Beverly Drive

City

Beverly Hills

State

CA

Zip Code

90210-2326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-75

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Robert H Kerrigan, Jr.

Mailing Address 1457 N Beverly Drive

City

Beverly Hills

State

CA

Zip Code

90210-2326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-75

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert H Kerrigan, Jr.

Mailing Address 1457 N Beverly Drive

City

Beverly Hills

State

CA

Zip Code

90210-2326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	9

Transaction ID: 20091105152043-75

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Robert H Kerrigan, Jr.

Mailing Address 1457 N Beverly Drive

City

Beverly Hills

State

CA

Zip Code

90210-2326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 20091118163132-75

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Mark E. Kishler

Mailing Address 720 E Wisconsin Avenue

City

Milwaukee

State

WI

Zip Code

53202-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	9

Transaction ID: 20090921-715-17-1

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark E. Kishler

Mailing Address 720 E Wisconsin Avenue

City

Milwaukee

State

WI

Zip Code

53202-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-642

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Mark E. Kishler

Mailing Address 720 E Wisconsin Avenue

City

Milwaukee

State

WI

Zip Code

53202-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-641

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Mark E. Kishler

Mailing Address 720 E Wisconsin Avenue

City

Milwaukee

State

WI

Zip Code

53202-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-641

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark E. Kishler

Mailing Address 720 E Wisconsin Avenue

City

Milwaukee

State

WI

Zip Code

53202-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	9	

Transaction ID: 2009111816423-641

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Pamela A. Knox

Mailing Address 6109 Audubon Manor B

City

Lithia

State

FL

Zip Code

33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

District Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	9	

Transaction ID: 20090720-1080-13-0

Amount of Each Receipt this Period

16.00

C.

Full Name (Last, First, Middle Initial)

Pamela A. Knox

Mailing Address 6109 Audubon Manor B

City

Lithia

State

FL

Zip Code

33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

District Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	9	

Transaction ID: 20090804-1078-10-0

Amount of Each Receipt this Period

16.00

SUBTOTAL of Receipts This Page (optional)

52.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Pamela A. Knox

Mailing Address 6109 Audubon Manor B

City

Lithia

State

FL

Zip Code

33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

District Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1144-14-15

Amount of Each Receipt this Period

16.00

B.

Full Name (Last, First, Middle Initial)

Pamela A. Knox

Mailing Address 6109 Audubon Manor B

City

Lithia

State

FL

Zip Code

33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

District Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1144-15-1

Amount of Each Receipt this Period

16.00

C.

Full Name (Last, First, Middle Initial)

Pamela A. Knox

Mailing Address 6109 Audubon Manor B

City

Lithia

State

FL

Zip Code

33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

District Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1134-17-1

Amount of Each Receipt this Period

16.00

SUBTOTAL of Receipts This Page (optional)

48.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Pamela A. Knox

Mailing Address 6109 Audubon Manor B

City

Lithia

State

FL

Zip Code

33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

District Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-1061

Amount of Each Receipt this Period

16.00

B.

Full Name (Last, First, Middle Initial)

Pamela A. Knox

Mailing Address 6109 Audubon Manor B

City

Lithia

State

FL

Zip Code

33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

District Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-1059

Amount of Each Receipt this Period

16.00

C.

Full Name (Last, First, Middle Initial)

Pamela A. Knox

Mailing Address 6109 Audubon Manor B

City

Lithia

State

FL

Zip Code

33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

District Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-1059

Amount of Each Receipt this Period

16.00

SUBTOTAL of Receipts This Page (optional)

48.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 574
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Pamela A. Knox

Mailing Address 6109 Audubon Manor B

City

Lithia

State

FL

Zip Code

33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

District Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1058

Amount of Each Receipt this Period

16.00

B.

Full Name (Last, First, Middle Initial)

William S Koch

Mailing Address 4645 Swilcan Bridge Lane S

City

Jacksonville

State

FL

Zip Code

32224-5621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1201-13-1

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

William S Koch

Mailing Address 4645 Swilcan Bridge Lane S

City

Jacksonville

State

FL

Zip Code

32224-5621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1199-10-0

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

166.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

William S Koch

Mailing Address 4645 Swilcan Bridge Lane S

City

Jacksonville

State

FL

Zip Code

32224-5621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-24-14-0

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

William S Koch

Mailing Address 4645 Swilcan Bridge Lane S

City

Jacksonville

State

FL

Zip Code

32224-5621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-24-14-46

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

William S Koch

Mailing Address 4645 Swilcan Bridge Lane S

City

Jacksonville

State

FL

Zip Code

32224-5621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-24-16-16

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

William S Koch

Mailing Address 4645 Swilcan Bridge Lane S

City

Jacksonville

State

FL

Zip Code

32224-5621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-24

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

William S Koch

Mailing Address 4645 Swilcan Bridge Lane S

City

Jacksonville

State

FL

Zip Code

32224-5621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-24

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

William S Koch

Mailing Address 4645 Swilcan Bridge Lane S

City

Jacksonville

State

FL

Zip Code

32224-5621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-24

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

William S Koch

Mailing Address 4645 Swilcan Bridge Lane S

City

Jacksonville

State

FL

Zip Code

32224-5621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 20091118163132-24

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

William C. Koenig

Mailing Address 541 E Erie Street Unit 4

City

Milwaukee

State

WI

Zip Code

53202-6236

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp & Govt Rel Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1498.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	9

Transaction ID: 20090720-599-13-0

Amount of Each Receipt this Period

107.00

C.

Full Name (Last, First, Middle Initial)

William C. Koenig

Mailing Address 541 E Erie Street Unit 4

City

Milwaukee

State

WI

Zip Code

53202-6236

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp & Govt Rel Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1498.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	9

Transaction ID: 20090804-599-10-0

Amount of Each Receipt this Period

107.00

SUBTOTAL of Receipts This Page (optional)

314.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John L. Kordsmeier

Mailing Address 2522 W Daphne Road

City

Glendale

State

WI

Zip Code

53209-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Disability Income

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1446.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1083-13-0

Amount of Each Receipt this Period

58.00

B.

Full Name (Last, First, Middle Initial)

John L. Kordsmeier

Mailing Address 2522 W Daphne Road

City

Glendale

State

WI

Zip Code

53209-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Disability Income

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1446.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1081-10-0

Amount of Each Receipt this Period

58.00

C.

Full Name (Last, First, Middle Initial)

John L. Kordsmeier

Mailing Address 2522 W Daphne Road

City

Glendale

State

WI

Zip Code

53209-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Disability Income

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1446.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1147-14-15

Amount of Each Receipt this Period

58.00

SUBTOTAL of Receipts This Page (optional)

174.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John L. Kordsmeier

Mailing Address 2522 W Daphne Road

City

Glendale

State

WI

Zip Code

53209-3352

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

VP Disability Income

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1446.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	9

Transaction ID: 20090902-1147-15-1

Amount of Each Receipt this Period

58.00

B.

Full Name (Last, First, Middle Initial)

John L. Kordsmeier

Mailing Address 2522 W Daphne Road

City

Glendale

State

WI

Zip Code

53209-3352

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

VP Disability Income

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1446.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	9

Transaction ID: 20090921-1137-17-1

Amount of Each Receipt this Period

58.00

C.

Full Name (Last, First, Middle Initial)

John L. Kordsmeier

Mailing Address 2522 W Daphne Road

City

Glendale

State

WI

Zip Code

53209-3352

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

VP Disability Income

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1446.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: 20091008104013-1064

Amount of Each Receipt this Period

58.00

SUBTOTAL of Receipts This Page (optional)

174.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John L. Kordsmeier

Mailing Address 2522 W Daphne Road

City

Glendale

State

WI

Zip Code

53209-3352

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

VP Disability Income

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1446.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Transaction ID: 20091015164625-1062

Amount of Each Receipt this Period

58.00

B.

Full Name (Last, First, Middle Initial)

John L. Kordsmeier

Mailing Address 2522 W Daphne Road

City

Glendale

State

WI

Zip Code

53209-3352

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

VP Disability Income

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1446.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	9

Transaction ID: 20091105152628-1062

Amount of Each Receipt this Period

58.00

C.

Full Name (Last, First, Middle Initial)

John L. Kordsmeier

Mailing Address 2522 W Daphne Road

City

Glendale

State

WI

Zip Code

53209-3352

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

VP Disability Income

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1446.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 2009111816423-1061

Amount of Each Receipt this Period

58.00

SUBTOTAL of Receipts This Page (optional)

174.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steven H Kosnick

Mailing Address 5799 Windsona Circle

City

Fitchburg

State

WI

Zip Code

53711-5839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kosnick and Assoc Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1195-13-1

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Steven H Kosnick

Mailing Address 5799 Windsona Circle

City

Fitchburg

State

WI

Zip Code

53711-5839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kosnick and Assoc Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1193-10-0

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Steven H Kosnick

Mailing Address 5799 Windsona Circle

City

Fitchburg

State

WI

Zip Code

53711-5839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kosnick and Assoc Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-18-14-0

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steven H Kosnick

Mailing Address 5799 Windsona Circle

City

Fitchburg

State

WI

Zip Code

53711-5839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kosnick and Assoc Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	9	

Transaction ID: 20090902-18-14-46

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Steven H Kosnick

Mailing Address 5799 Windsona Circle

City

Fitchburg

State

WI

Zip Code

53711-5839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kosnick and Assoc Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	9	

Transaction ID: 20090921-19-16-16

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Steven H Kosnick

Mailing Address 5799 Windsona Circle

City

Fitchburg

State

WI

Zip Code

53711-5839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kosnick and Assoc Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	9	

Transaction ID: 20091008103448-19

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steven H Kosnick

Mailing Address 5799 Windsona Circle

City

Fitchburg

State

WI

Zip Code

53711-5839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kosnick and Assoc Inc

Occupation

Special Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Transaction ID: 2009102293957-19

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Steven H Kosnick

Mailing Address 5799 Windsona Circle

City

Fitchburg

State

WI

Zip Code

53711-5839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kosnick and Assoc Inc

Occupation

Special Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	9

Transaction ID: 20091105152043-19

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Steven H Kosnick

Mailing Address 5799 Windsona Circle

City

Fitchburg

State

WI

Zip Code

53711-5839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kosnick and Assoc Inc

Occupation

Special Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 20091118163132-19

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert J. Kowalsky

Mailing Address 4791 N Larkin Street

City

Whitefish Bay

State

WI

Zip Code

53211-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1037

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Carol L. Kracht

Mailing Address 449 E Cedar Lane

City

Mequon

State

WI

Zip Code

53092-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Dep Gc/Sec & Board Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1006-13-0

Amount of Each Receipt this Period

32.00

C.

Full Name (Last, First, Middle Initial)

Carol L. Kracht

Mailing Address 449 E Cedar Lane

City

Mequon

State

WI

Zip Code

53092-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Dep Gc/Sec & Board Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1004-10-0

Amount of Each Receipt this Period

32.00

SUBTOTAL of Receipts This Page (optional)

74.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Carol L. Kracht

Mailing Address 449 E Cedar Lane

City

Mequon

State

WI

Zip Code

53092-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dep Gc/Sec & Board Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1071-14-15

Amount of Each Receipt this Period

32.00

B.

Full Name (Last, First, Middle Initial)

Carol L. Kracht

Mailing Address 449 E Cedar Lane

City

Mequon

State

WI

Zip Code

53092-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dep Gc/Sec & Board Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1071-15-1

Amount of Each Receipt this Period

32.00

C.

Full Name (Last, First, Middle Initial)

Carol L. Kracht

Mailing Address 449 E Cedar Lane

City

Mequon

State

WI

Zip Code

53092-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dep Gc/Sec & Board Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1064-17-1

Amount of Each Receipt this Period

32.00

SUBTOTAL of Receipts This Page (optional)

96.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Carol L. Kracht

Mailing Address 449 E Cedar Lane

City

Mequon

State

WI

Zip Code

53092-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dep Gc/Sec & Board Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-990

Amount of Each Receipt this Period

32.00

B.

Full Name (Last, First, Middle Initial)

Carol L. Kracht

Mailing Address 449 E Cedar Lane

City

Mequon

State

WI

Zip Code

53092-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dep Gc/Sec & Board Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-989

Amount of Each Receipt this Period

32.00

C.

Full Name (Last, First, Middle Initial)

Carol L. Kracht

Mailing Address 449 E Cedar Lane

City

Mequon

State

WI

Zip Code

53092-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dep Gc/Sec & Board Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-989

Amount of Each Receipt this Period

32.00

SUBTOTAL of Receipts This Page (optional)

96.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Carol L. Kracht

Mailing Address 449 E Cedar Lane

City

Mequon

State

WI

Zip Code

53092-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dep Gc/Sec & Board Rel

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-988

Amount of Each Receipt this Period

32.00

B.

Full Name (Last, First, Middle Initial)

Todd L. Laszewski

Mailing Address 2604 N 90th Street

City

Wauwatosa

State

WI

Zip Code

53226-1813

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Lp Dev

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

267.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-984-17-1

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Todd L. Laszewski

Mailing Address 2604 N 90th Street

City

Wauwatosa

State

WI

Zip Code

53226-1813

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Lp Dev

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

267.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-911

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

62.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Todd L. Laszewski

Mailing Address 2604 N 90th Street

City

Wauwatosa

State

WI

Zip Code

53226-1813

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Dir Lp Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	9

Transaction ID: 20091015164625-910

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Todd L. Laszewski

Mailing Address 2604 N 90th Street

City

Wauwatosa

State

WI

Zip Code

53226-1813

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Dir Lp Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	9

Transaction ID: 20091105152628-910

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Todd L. Laszewski

Mailing Address 2604 N 90th Street

City

Wauwatosa

State

WI

Zip Code

53226-1813

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Dir Lp Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	0	9

Transaction ID: 2009111816423-910

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 242 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Michael K Lawhon

Mailing Address 6952 Burnt Sienna Circle

City

Naples

State

FL

Zip Code

34109-7826

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Florida Grp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1237-13-1

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Michael K Lawhon

Mailing Address 6952 Burnt Sienna Circle

City

Naples

State

FL

Zip Code

34109-7826

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Florida Grp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1234-10-0

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Michael K Lawhon

Mailing Address 6952 Burnt Sienna Circle

City

Naples

State

FL

Zip Code

34109-7826

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Florida Grp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-59-14-0

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Michael K Lawhon

Mailing Address 6952 Burnt Sienna Circle

City

Naples

State

FL

Zip Code

34109-7826

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Florida Grp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-59-14-46

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Michael K Lawhon

Mailing Address 6952 Burnt Sienna Circle

City

Naples

State

FL

Zip Code

34109-7826

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Florida Grp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-62-16-16

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Michael K Lawhon

Mailing Address 6952 Burnt Sienna Circle

City

Naples

State

FL

Zip Code

34109-7826

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Florida Grp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-62

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 244 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Michael K Lawhon

Mailing Address 6952 Burnt Sienna Circle

City

Naples

State

FL

Zip Code

34109-7826

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Florida Grp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Transaction ID: 2009102293957-62

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Michael K Lawhon

Mailing Address 6952 Burnt Sienna Circle

City

Naples

State

FL

Zip Code

34109-7826

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Florida Grp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	9

Transaction ID: 20091105152043-62

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Michael K Lawhon

Mailing Address 6952 Burnt Sienna Circle

City

Naples

State

FL

Zip Code

34109-7826

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Florida Grp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 20091118163132-62

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Brian E. Lee

Mailing Address 3118 Hunt Road

City

Oakton

State

VA

Zip Code

22124-1314

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Production

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-832-14-15

Amount of Each Receipt this Period

7.00

B.

Full Name (Last, First, Middle Initial)

Brian E. Lee

Mailing Address 3118 Hunt Road

City

Oakton

State

VA

Zip Code

22124-1314

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Production

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-832-15-1

Amount of Each Receipt this Period

7.00

C.

Full Name (Last, First, Middle Initial)

Brian E. Lee

Mailing Address 3118 Hunt Road

City

Oakton

State

VA

Zip Code

22124-1314

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Production

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-827-17-1

Amount of Each Receipt this Period

7.00

SUBTOTAL of Receipts This Page (optional)

21.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 246 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Brian E. Lee

Mailing Address 3118 Hunt Road

City

Oakton

State

VA

Zip Code

22124-1314

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Production

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-754

Amount of Each Receipt this Period

7.00

B.

Full Name (Last, First, Middle Initial)

Brian E. Lee

Mailing Address 3118 Hunt Road

City

Oakton

State

VA

Zip Code

22124-1314

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Production

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-753

Amount of Each Receipt this Period

7.00

C.

Full Name (Last, First, Middle Initial)

Brian E. Lee

Mailing Address 3118 Hunt Road

City

Oakton

State

VA

Zip Code

22124-1314

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Production

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-753

Amount of Each Receipt this Period

7.00

SUBTOTAL of Receipts This Page (optional)

21.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 247 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Brian E. Lee

Mailing Address 3118 Hunt Road

City

Oakton

State

VA

Zip Code

22124-1314

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Production

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-753

Amount of Each Receipt this Period

7.00

B.

Full Name (Last, First, Middle Initial)

Gilbert Robert Llanas

Mailing Address 1322 Edgewood Avenue

City

South Milwauk

State

WI

Zip Code

53172-3573

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Comm Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-783

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Werner Loots

Mailing Address 121 W Chestnut Street

City

Chicago

State

IL

Zip Code

60610-3175

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-624-13-0

Amount of Each Receipt this Period

33.00

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Werner Loots

Mailing Address 121 W Chestnut Street

City

Chicago

State

IL

Zip Code

60610-3175

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-624-10-0

Amount of Each Receipt this Period

33.00

B.

Full Name (Last, First, Middle Initial)

Werner Loots

Mailing Address 2664 N Summit Avenue

City

Milwaukee

State

WI

Zip Code

53211-3849

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-691-14-15

Amount of Each Receipt this Period

33.00

C.

Full Name (Last, First, Middle Initial)

Werner Loots

Mailing Address 2664 N Summit Avenue

City

Milwaukee

State

WI

Zip Code

53211-3849

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-691-15-1

Amount of Each Receipt this Period

33.00

SUBTOTAL of Receipts This Page (optional)

99.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 249 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Werner Loots

Mailing Address 2664 N Summit Avenue

City

Milwaukee

State

WI

Zip Code

53211-3849

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-687-17-1

Amount of Each Receipt this Period

33.00

B.

Full Name (Last, First, Middle Initial)

Werner Loots

Mailing Address 2664 N Summit Avenue

City

Milwaukee

State

WI

Zip Code

53211-3849

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-613

Amount of Each Receipt this Period

33.00

C.

Full Name (Last, First, Middle Initial)

Werner Loots

Mailing Address 2664 N Summit Avenue

City

Milwaukee

State

WI

Zip Code

53211-3849

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-612

Amount of Each Receipt this Period

33.00

SUBTOTAL of Receipts This Page (optional)

99.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 250 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Werner Loots

Mailing Address 2664 N Summit Avenue

City

Milwaukee

State

WI

Zip Code

53211-3849

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-612

Amount of Each Receipt this Period

33.00

B.

Full Name (Last, First, Middle Initial)

Werner Loots

Mailing Address 2664 N Summit Avenue

City

Milwaukee

State

WI

Zip Code

53211-3849

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-612

Amount of Each Receipt this Period

33.00

C.

Full Name (Last, First, Middle Initial)

Robert D Lowrey

Mailing Address 1108 W Goldthread Circle

City

Sioux Falls

State

SD

Zip Code

57108-2824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1200-13-1

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

108.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 251 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert D Lowrey

Mailing Address 1108 W Goldthread Circle

City

Sioux Falls

State

SD

Zip Code

57108-2824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1198-10-0

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Robert D Lowrey

Mailing Address 1108 W Goldthread Circle

City

Sioux Falls

State

SD

Zip Code

57108-2824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-23-14-0

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Robert D Lowrey

Mailing Address 1108 W Goldthread Circle

City

Sioux Falls

State

SD

Zip Code

57108-2824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-23-14-46

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 252 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert D Lowrey

Mailing Address 1108 W Goldthread Circle

City

Sioux Falls

State

SD

Zip Code

57108-2824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	9

Transaction ID: 20090921-23-16-16

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Robert D Lowrey

Mailing Address 1108 W Goldthread Circle

City

Sioux Falls

State

SD

Zip Code

57108-2824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: 20091008103448-23

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Robert D Lowrey

Mailing Address 1108 W Goldthread Circle

City

Sioux Falls

State

SD

Zip Code

57108-2824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Transaction ID: 2009102293957-23

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 253 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert D Lowrey

Mailing Address 1108 W Goldthread Circle

City

Sioux Falls

State

SD

Zip Code

57108-2824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-23

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Robert D Lowrey

Mailing Address 1108 W Goldthread Circle

City

Sioux Falls

State

SD

Zip Code

57108-2824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-23

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Susan A. Lueger

Mailing Address 4317 N Stowell Avenue

City

Shorewood

State

WI

Zip Code

53211-1748

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-626-13-0

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)

139.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 254 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Susan A. Lueger

Mailing Address 4317 N Stowell Avenue

City

Shorewood

State

WI

Zip Code

53211-1748

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-626-10-0

Amount of Each Receipt this Period

55.00

B.

Full Name (Last, First, Middle Initial)

Susan A. Lueger

Mailing Address 4317 N Stowell Avenue

City

Shorewood

State

WI

Zip Code

53211-1748

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-693-14-15

Amount of Each Receipt this Period

55.00

C.

Full Name (Last, First, Middle Initial)

Susan A. Lueger

Mailing Address 4317 N Stowell Avenue

City

Shorewood

State

WI

Zip Code

53211-1748

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-693-15-1

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 255 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Susan A. Lueger

Mailing Address 4317 N Stowell Avenue

City

Shorewood

State

WI

Zip Code

53211-1748

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-689-17-1

Amount of Each Receipt this Period

55.00

B.

Full Name (Last, First, Middle Initial)

Susan A. Lueger

Mailing Address 4317 N Stowell Avenue

City

Shorewood

State

WI

Zip Code

53211-1748

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-615

Amount of Each Receipt this Period

55.00

C.

Full Name (Last, First, Middle Initial)

Susan A. Lueger

Mailing Address 4317 N Stowell Avenue

City

Shorewood

State

WI

Zip Code

53211-1748

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-614

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 256 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Susan A. Lueger

Mailing Address 4317 N Stowell Avenue

City

Shorewood

State

WI

Zip Code

53211-1748

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-614

Amount of Each Receipt this Period

55.00

B.

Full Name (Last, First, Middle Initial)

Susan A. Lueger

Mailing Address 4317 N Stowell Avenue

City

Shorewood

State

WI

Zip Code

53211-1748

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-614

Amount of Each Receipt this Period

55.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey J. Lueken

Mailing Address 1213 E Goodrich Lane

City

Fox Point

State

WI

Zip Code

53217-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Svp Securities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3381.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-928-13-0

Amount of Each Receipt this Period

133.00

SUBTOTAL of Receipts This Page (optional)

243.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 257 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey J. Lueken

Mailing Address 1213 E Goodrich Lane

City

Fox Point

State

WI

Zip Code

53217-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Securities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3381.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-926-10-0

Amount of Each Receipt this Period

133.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey J. Lueken

Mailing Address 1213 E Goodrich Lane

City

Fox Point

State

WI

Zip Code

53217-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Securities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3381.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-993-14-15

Amount of Each Receipt this Period

133.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey J. Lueken

Mailing Address 1213 E Goodrich Lane

City

Fox Point

State

WI

Zip Code

53217-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Securities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3381.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-993-15-1

Amount of Each Receipt this Period

133.00

SUBTOTAL of Receipts This Page (optional)

399.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 258 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey J. Lueken

Mailing Address 1213 E Goodrich Lane

City

Fox Point

State

WI

Zip Code

53217-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Securities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3381.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	9

Transaction ID: 20090921-987-17-1

Amount of Each Receipt this Period

133.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey J. Lueken

Mailing Address 1213 E Goodrich Lane

City

Fox Point

State

WI

Zip Code

53217-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Securities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3381.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: 20091008104013-914

Amount of Each Receipt this Period

133.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey J. Lueken

Mailing Address 1213 E Goodrich Lane

City

Fox Point

State

WI

Zip Code

53217-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Securities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3381.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Transaction ID: 20091015164625-913

Amount of Each Receipt this Period

133.00

SUBTOTAL of Receipts This Page (optional)

399.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 259 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey J. Lueken

Mailing Address 1213 E Goodrich Lane

City

Fox Point

State

WI

Zip Code

53217-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Securities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3381.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-913

Amount of Each Receipt this Period

133.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey J. Lueken

Mailing Address 1213 E Goodrich Lane

City

Fox Point

State

WI

Zip Code

53217-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Securities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3381.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-913

Amount of Each Receipt this Period

133.00

C.

Full Name (Last, First, Middle Initial)

David C. Magoon

Mailing Address N31 W23910 Old Farm

City

Pewaukee

State

WI

Zip Code

53072

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

IS Cons

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-623-17-1

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

286.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 260 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David C. Magoon

Mailing Address N31 W23910 Old Farm

City

Pewaukee

State

WI

Zip Code

53072

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
IS Cons

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-549

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

David C. Magoon

Mailing Address N31 W23910 Old Farm

City

Pewaukee

State

WI

Zip Code

53072

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
IS Cons

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-548

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

David C. Magoon

Mailing Address N31 W23910 Old Farm

City

Pewaukee

State

WI

Zip Code

53072

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
IS Cons

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-548

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 261 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David C. Magoon

Mailing Address N31 W23910 Old Farm

City

Pewaukee

State

WI

Zip Code

53072

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
IS Cons

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	9	

Transaction ID: 2009111816423-549

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Jean M. Maier

Mailing Address 5432 N Diversey

City

Whitefish Bay

State

WI

Zip Code

53217-5165

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Svp Ent Ops & Cco

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	9	

Transaction ID: 20090720-548-13-0

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Jean M. Maier

Mailing Address 5432 N Diversey

City

Whitefish Bay

State

WI

Zip Code

53217-5165

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Svp Ent Ops & Cco

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	9	

Transaction ID: 20090804-548-10-0

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

320.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 262 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jean M. Maier

Mailing Address 5432 N Diversey

City

Whitefish Bay

State

WI

Zip Code

53217-5165

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Ent Ops & Cco

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-616-14-15

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Jean M. Maier

Mailing Address 5432 N Diversey

City

Whitefish Bay

State

WI

Zip Code

53217-5165

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Ent Ops & Cco

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-616-15-1

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Jean M. Maier

Mailing Address 5432 N Diversey

City

Whitefish Bay

State

WI

Zip Code

53217-5165

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Ent Ops & Cco

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-614-17-1

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 263 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jean M. Maier

Mailing Address 5432 N Diversey

City

Whitefish Bay

State

WI

Zip Code

53217-5165

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Ent Ops & Cco

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-540

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Jean M. Maier

Mailing Address 5432 N Diversey

City

Whitefish Bay

State

WI

Zip Code

53217-5165

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Ent Ops & Cco

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-539

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Jean M. Maier

Mailing Address 5432 N Diversey

City

Whitefish Bay

State

WI

Zip Code

53217-5165

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Ent Ops & Cco

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-539

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 264 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jean M. Maier

Mailing Address 5432 N Diversey

City

Whitefish Bay

State

WI

Zip Code

53217-5165

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Ent Ops & Cco

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-540

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Raymond J. Manista

Mailing Address 7236 N Crossway

City

Fox Point

State

WI

Zip Code

53217-3519

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Gen Cnsl & Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1410.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-584-13-0

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

Raymond J. Manista

Mailing Address 7236 N Crossway

City

Fox Point

State

WI

Zip Code

53217-3519

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Gen Cnsl & Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1410.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-584-10-0

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

290.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 265 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Raymond J. Manista

Mailing Address 7236 N Crossway

City

Fox Point

State

WI

Zip Code

53217-3519

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Gen Cnsl & Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1410.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-652-14-15

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

Raymond J. Manista

Mailing Address 7236 N Crossway

City

Fox Point

State

WI

Zip Code

53217-3519

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Gen Cnsl & Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1410.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-652-15-1

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

Raymond J. Manista

Mailing Address 7236 N Crossway

City

Fox Point

State

WI

Zip Code

53217-3519

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Gen Cnsl & Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1410.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-650-17-1

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 266 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Raymond J. Manista

Mailing Address 7236 N Crossway

City

Fox Point

State

WI

Zip Code

53217-3519

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Gen Cnsl & Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1410.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-576

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

Raymond J. Manista

Mailing Address 7236 N Crossway

City

Fox Point

State

WI

Zip Code

53217-3519

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Gen Cnsl & Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1410.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-575

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

Raymond J. Manista

Mailing Address 7236 N Crossway

City

Fox Point

State

WI

Zip Code

53217-3519

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Gen Cnsl & Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1410.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-575

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 267 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Raymond J. Manista

Mailing Address 7236 N Crossway

City

Fox Point

State

WI

Zip Code

53217-3519

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Gen Cnsl & Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1410.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-576

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey S. Marks

Mailing Address 8232 S Country Club

City

Franklin

State

WI

Zip Code

53132-8532

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Spcl Proj

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-593

Amount of Each Receipt this Period

11.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey S. Marks

Mailing Address 8232 S Country Club

City

Franklin

State

WI

Zip Code

53132-8532

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Spcl Proj

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-593

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)

92.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 268 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey S. Marks

Mailing Address 8232 S Country Club

City

Franklin

State

WI

Zip Code

53132-8532

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Spcl Proj

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	9	

Transaction ID: 2009111816423-594

Amount of Each Receipt this Period

11.00

B.

Full Name (Last, First, Middle Initial)

Meridee J. Maynard

Mailing Address 809 E Lake Forest

City

Whitefish Bay

State

WI

Zip Code

53217-5377

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1983.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	9	

Transaction ID: 20090720-853-13-0

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

Meridee J. Maynard

Mailing Address 809 E Lake Forest

City

Whitefish Bay

State

WI

Zip Code

53217-5377

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1983.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	9	

Transaction ID: 20090804-852-10-0

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

177.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 269 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Meridee J. Maynard

Mailing Address 809 E Lake Forest

City

Whitefish Bay

State

WI

Zip Code

53217-5377

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1983.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-919-14-15

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

Meridee J. Maynard

Mailing Address 809 E Lake Forest

City

Whitefish Bay

State

WI

Zip Code

53217-5377

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1983.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-919-15-1

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

Meridee J. Maynard

Mailing Address 809 E Lake Forest

City

Whitefish Bay

State

WI

Zip Code

53217-5377

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1983.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-914-17-1

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

249.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 270 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Meridee J. Maynard

Mailing Address 809 E Lake Forest

City

Whitefish Bay

State

WI

Zip Code

53217-5377

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1983.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-841

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

Meridee J. Maynard

Mailing Address 809 E Lake Forest

City

Whitefish Bay

State

WI

Zip Code

53217-5377

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1983.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-840

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

Meridee J. Maynard

Mailing Address 809 E Lake Forest

City

Whitefish Bay

State

WI

Zip Code

53217-5377

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1983.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-840

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

249.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 271 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Meridee J. Maynard

Mailing Address 809 E Lake Forest

City

Whitefish Bay

State

WI

Zip Code

53217-5377

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1983.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-840

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

David C Mc Avoy

Mailing Address 11 Mountview Road

City

Wellesley

State

MA

Zip Code

02481-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1190-13-1

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

David C Mc Avoy

Mailing Address 11 Mountview Road

City

Wellesley

State

MA

Zip Code

02481-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1188-10-0

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

483.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 272 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David C Mc Avoy

Mailing Address 11 Mountview Road

City

Wellesley

State

MA

Zip Code

02481-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-13-14-0

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

David C Mc Avoy

Mailing Address 11 Mountview Road

City

Wellesley

State

MA

Zip Code

02481-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-13-14-46

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

David C Mc Avoy

Mailing Address 11 Mountview Road

City

Wellesley

State

MA

Zip Code

02481-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-13-16-16

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 273 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David C Mc Avoy

Mailing Address 11 Mountview Road

City

Wellesley

State

MA

Zip Code

02481-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: 20091008103448-13

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

David C Mc Avoy

Mailing Address 11 Mountview Road

City

Wellesley

State

MA

Zip Code

02481-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	9

Transaction ID: 2009102293957-13

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

David C Mc Avoy

Mailing Address 11 Mountview Road

City

Wellesley

State

MA

Zip Code

02481-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	9

Transaction ID: 20091105152043-13

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 274 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David C Mc Avoy

Mailing Address 11 Mountview Road

City

Wellesley

State

MA

Zip Code

02481-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-13

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Roger M Mc Queen

Mailing Address 6098 Pioneer Fork Road

City

Salt Lake Cty

State

UT

Zip Code

84108-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer
McQueen Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1187-13-1

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Roger M Mc Queen

Mailing Address 6098 Pioneer Fork Road

City

Salt Lake Cty

State

UT

Zip Code

84108-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer
McQueen Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1185-10-0

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 275 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Roger M Mc Queen

Mailing Address 6098 Pioneer Fork Road

City

Salt Lake Cty

State

UT

Zip Code

84108-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer
McQueen Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-10-14-0

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Roger M Mc Queen

Mailing Address 6098 Pioneer Fork Road

City

Salt Lake Cty

State

UT

Zip Code

84108-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer
McQueen Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-10-14-46

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Roger M Mc Queen

Mailing Address 6098 Pioneer Fork Road

City

Salt Lake Cty

State

UT

Zip Code

84108-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer
McQueen Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-10-16-16

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 276 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Roger M Mc Queen

Mailing Address 6098 Pioneer Fork Road

City

Salt Lake Cty

State

UT

Zip Code

84108-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer
McQueen Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-10

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Roger M Mc Queen

Mailing Address 6098 Pioneer Fork Road

City

Salt Lake Cty

State

UT

Zip Code

84108-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer
McQueen Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-10

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Roger M Mc Queen

Mailing Address 6098 Pioneer Fork Road

City

Salt Lake Cty

State

UT

Zip Code

84108-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer
McQueen Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-10

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 277 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Roger M Mc Queen

Mailing Address 6098 Pioneer Fork Road

City

Salt Lake City

State

UT

Zip Code

84108-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer
McQueen Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-10

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Brian W McClure

Mailing Address 1402 Wyndemere Point Drive

City

Champaign

State

IL

Zip Code

61822-3349

FEC ID number of contributing
federal political committee.

C

Name of Employer
McClure Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-71

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Erin L. McComas

Mailing Address 1485 Broadstone Place

City

Vienna

State

VA

Zip Code

22182-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Asset Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1206-15-1

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 278 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Erin L. McComas

Mailing Address 1485 Broadstone Place

City

Vienna

State

VA

Zip Code

22182-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Asset Mgmt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1195-17-1

Amount of Each Receipt this Period

13.00

B.

Full Name (Last, First, Middle Initial)

Erin L. McComas

Mailing Address 1485 Broadstone Place

City

Vienna

State

VA

Zip Code

22182-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Asset Mgmt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-1122

Amount of Each Receipt this Period

13.00

C.

Full Name (Last, First, Middle Initial)

Erin L. McComas

Mailing Address 1485 Broadstone Place

City

Vienna

State

VA

Zip Code

22182-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Asset Mgmt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-1120

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)

39.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 279 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Erin L. McComas

Mailing Address 1485 Broadstone Place

City

Vienna

State

VA

Zip Code

22182-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Asset Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-1120

Amount of Each Receipt this Period

13.00

B.

Full Name (Last, First, Middle Initial)

Erin L. McComas

Mailing Address 1485 Broadstone Place

City

Vienna

State

VA

Zip Code

22182-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Asset Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1119

Amount of Each Receipt this Period

13.00

C.

Full Name (Last, First, Middle Initial)

James L. McFarland

Mailing Address 215 N Aberdeen Street

City

Chicago

State

IL

Zip Code

60607-1615

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-1028

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)

39.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 280 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

James L. McFarland

Mailing Address 215 N Aberdeen Street

City

Chicago

State

IL

Zip Code

60607-1615

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-1028

Amount of Each Receipt this Period

13.00

B.

Full Name (Last, First, Middle Initial)

James L. McFarland

Mailing Address 215 N Aberdeen Street

City

Chicago

State

IL

Zip Code

60607-1615

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1027

Amount of Each Receipt this Period

13.00

C.

Full Name (Last, First, Middle Initial)

Mark J. McLennon

Mailing Address 2571 N 86th Street

City

Wauwatosa

State

WI

Zip Code

53226-1921

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Inv Adv Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-622-13-0

Amount of Each Receipt this Period

23.00

SUBTOTAL of Receipts This Page (optional)

49.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 281 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark J. McLennon

Mailing Address 2571 N 86th Street

City

Wauwatosa

State

WI

Zip Code

53226-1921

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Inv Adv Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-622-10-0

Amount of Each Receipt this Period

23.00

B.

Full Name (Last, First, Middle Initial)

Mark J. McLennon

Mailing Address 2571 N 86th Street

City

Wauwatosa

State

WI

Zip Code

53226-1921

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Inv Adv Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-689-14-15

Amount of Each Receipt this Period

23.00

C.

Full Name (Last, First, Middle Initial)

Mark J. McLennon

Mailing Address 2571 N 86th Street

City

Wauwatosa

State

WI

Zip Code

53226-1921

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Inv Adv Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-689-15-1

Amount of Each Receipt this Period

23.00

SUBTOTAL of Receipts This Page (optional)

69.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 282 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark J. McLennon

Mailing Address 2571 N 86th Street

City

Wauwatosa

State

WI

Zip Code

53226-1921

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Inv Adv Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-685-17-1

Amount of Each Receipt this Period

23.00

B.

Full Name (Last, First, Middle Initial)

Mark J. McLennon

Mailing Address 2571 N 86th Street

City

Wauwatosa

State

WI

Zip Code

53226-1921

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Inv Adv Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-611

Amount of Each Receipt this Period

23.00

C.

Full Name (Last, First, Middle Initial)

Mark J. McLennon

Mailing Address 2571 N 86th Street

City

Wauwatosa

State

WI

Zip Code

53226-1921

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Inv Adv Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-610

Amount of Each Receipt this Period

23.00

SUBTOTAL of Receipts This Page (optional)

69.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 283 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark J. McLennon

Mailing Address 2571 N 86th Street

City

Wauwatosa

State

WI

Zip Code

53226-1921

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Inv Adv Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-610

Amount of Each Receipt this Period

23.00

B.

Full Name (Last, First, Middle Initial)

Mark J. McLennon

Mailing Address 2571 N 86th Street

City

Wauwatosa

State

WI

Zip Code

53226-1921

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Inv Adv Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-611

Amount of Each Receipt this Period

23.00

C.

Full Name (Last, First, Middle Initial)

Lesli H. McLinden

Mailing Address 340 N Elmridge Avenue

City

Brookfield

State

WI

Zip Code

53005-6117

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-1087

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)

57.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 284 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Lesli H. McLinden

Mailing Address 340 N Elmridge Avenue

City

Brookfield

State

WI

Zip Code

53005-6117

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	9

Transaction ID: 20091105152628-1087

Amount of Each Receipt this Period

11.00

B.

Full Name (Last, First, Middle Initial)

Lesli H. McLinden

Mailing Address 340 N Elmridge Avenue

City

Brookfield

State

WI

Zip Code

53005-6117

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 2009111816423-1086

Amount of Each Receipt this Period

11.00

C.

Full Name (Last, First, Middle Initial)

John W McTigue

Mailing Address 205 E 4th Street

City

Hinsdale

State

IL

Zip Code

60521-4603

FEC ID number of contributing
federal political committee.

C

Name of Employer
McTigue FncI Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	9

Transaction ID: 20090720-1194-13-1

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 285 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John W McTigue

Mailing Address 205 E 4th Street

City

Hinsdale

State

IL

Zip Code

60521-4603

FEC ID number of contributing
federal political committee.

C

Name of Employer
McTigue Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1192-10-0

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

John W McTigue

Mailing Address 205 E 4th Street

City

Hinsdale

State

IL

Zip Code

60521-4603

FEC ID number of contributing
federal political committee.

C

Name of Employer
McTigue Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-17-14-0

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

John W McTigue

Mailing Address 205 E 4th Street

City

Hinsdale

State

IL

Zip Code

60521-4603

FEC ID number of contributing
federal political committee.

C

Name of Employer
McTigue Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-17-14-46

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 286 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John W McTigue

Mailing Address 205 E 4th Street

City

Hinsdale

State

IL

Zip Code

60521-4603

FEC ID number of contributing
federal political committee.

C

Name of Employer
McTigue Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-18-16-16

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

John W McTigue

Mailing Address 205 E 4th Street

City

Hinsdale

State

IL

Zip Code

60521-4603

FEC ID number of contributing
federal political committee.

C

Name of Employer
McTigue Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-18

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

John W McTigue

Mailing Address 205 E 4th Street

City

Hinsdale

State

IL

Zip Code

60521-4603

FEC ID number of contributing
federal political committee.

C

Name of Employer
McTigue Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-18

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 287 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John W McTigue

Mailing Address 205 E 4th Street

City

Hinsdale

State

IL

Zip Code

60521-4603

FEC ID number of contributing
federal political committee.

C

Name of Employer
McTigue Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-18

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

John W McTigue

Mailing Address 205 E 4th Street

City

Hinsdale

State

IL

Zip Code

60521-4603

FEC ID number of contributing
federal political committee.

C

Name of Employer
McTigue Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-18

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Daniel J. Meehan

Mailing Address N30W6890 Lincoln Blv

City

Cedarburg

State

WI

Zip Code

53012-2266

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-578

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)

427.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 288 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Daniel J. Meehan

Mailing Address N30W6890 Lincoln Blv

City

Cedarburg

State

WI

Zip Code

53012-2266

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-578

Amount of Each Receipt this Period

11.00

B.

Full Name (Last, First, Middle Initial)

Daniel J. Meehan

Mailing Address N30W6890 Lincoln Blv

City

Cedarburg

State

WI

Zip Code

53012-2266

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-579

Amount of Each Receipt this Period

11.00

C.

Full Name (Last, First, Middle Initial)

Joseph F Meier

Mailing Address 208 Long Acres Lane

City

Oviedo

State

FL

Zip Code

32765-7843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1198-13-1

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

64.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 289 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Joseph F Meier

Mailing Address 208 Long Acres Lane

City

Oviedo

State

FL

Zip Code

32765-7843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1196-10-0

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Joseph F Meier

Mailing Address 208 Long Acres Lane

City

Oviedo

State

FL

Zip Code

32765-7843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-21-14-0

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Joseph F Meier

Mailing Address 208 Long Acres Lane

City

Oviedo

State

FL

Zip Code

32765-7843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-21-14-46

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 290 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Joseph F Meier

Mailing Address 208 Long Acres Lane

City

Oviedo

State

FL

Zip Code

32765-7843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-21-16-16

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Joseph F Meier

Mailing Address 208 Long Acres Lane

City

Oviedo

State

FL

Zip Code

32765-7843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-21

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Joseph F Meier

Mailing Address 208 Long Acres Lane

City

Oviedo

State

FL

Zip Code

32765-7843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-21

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 291 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Joseph F Meier

Mailing Address 208 Long Acres Lane

City

Oviedo

State

FL

Zip Code

32765-7843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-21

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Joseph F Meier

Mailing Address 208 Long Acres Lane

City

Oviedo

State

FL

Zip Code

32765-7843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-21

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Robert G. Meilander

Mailing Address 6900 N Glen Shore Drive

City

Glendale

State

WI

Zip Code

53209-2819

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-Corp Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-576-13-0

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

114.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 292 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert G. Meilander

Mailing Address 6900 N Glen Shore Drive

City

Glendale

State

WI

Zip Code

53209-2819

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-Corp Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-576-10-0

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Robert G. Meilander

Mailing Address 6900 N Glen Shore Drive

City

Glendale

State

WI

Zip Code

53209-2819

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-Corp Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-644-14-15

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Robert G. Meilander

Mailing Address 6900 N Glen Shore Drive

City

Glendale

State

WI

Zip Code

53209-2819

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-Corp Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-644-15-1

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 293 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert G. Meilander

Mailing Address 6900 N Glen Shore Drive

City

Glendale

State

WI

Zip Code

53209-2819

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-Corp Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-642-17-1

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Robert G. Meilander

Mailing Address 6900 N Glen Shore Drive

City

Glendale

State

WI

Zip Code

53209-2819

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-Corp Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-568

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Robert G. Meilander

Mailing Address 6900 N Glen Shore Drive

City

Glendale

State

WI

Zip Code

53209-2819

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-Corp Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-567

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 294 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert G. Meilander

Mailing Address 6900 N Glen Shore Drive

City

Glendale

State

WI

Zip Code

53209-2819

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-Corp Actuary

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-567

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Robert G. Meilander

Mailing Address 6900 N Glen Shore Drive

City

Glendale

State

WI

Zip Code

53209-2819

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-Corp Actuary

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-568

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Richard D Mellinger

Mailing Address 50960 Fox Trail

City

Granger

State

IN

Zip Code

46530-9039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1180-13-1

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

85.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 295 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Richard D Mellinger

Mailing Address 50960 Fox Trail

City

Granger

State

IN

Zip Code

46530-9039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1178-10-0

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Richard D Mellinger

Mailing Address 50960 Fox Trail

City

Granger

State

IN

Zip Code

46530-9039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-3-14-0

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Richard D Mellinger

Mailing Address 50960 Fox Trail

City

Granger

State

IN

Zip Code

46530-9039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-3-14-46

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 296 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Richard D Mellinger

Mailing Address 50960 Fox Trail

City

Granger

State

IN

Zip Code

46530-9039

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	9	

Transaction ID: 20090921-3-16-16

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Richard D Mellinger

Mailing Address 50960 Fox Trail

City

Granger

State

IN

Zip Code

46530-9039

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	9	

Transaction ID: 20091008103448-3

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Richard D Mellinger

Mailing Address 50960 Fox Trail

City

Granger

State

IN

Zip Code

46530-9039

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	9	

Transaction ID: 2009102293957-3

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 297 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Richard D Mellinger

Mailing Address 50960 Fox Trail

City

Granger

State

IN

Zip Code

46530-9039

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	9	

Transaction ID: 20091105152043-3

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Richard D Mellinger

Mailing Address 50960 Fox Trail

City

Granger

State

IN

Zip Code

46530-9039

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	9	

Transaction ID: 20091118163132-3

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Richard E. Meyers

Mailing Address 848 E Birch Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5359

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	9	

Transaction ID: 2009111816423-1057

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 298 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Carl W Middleton, III

Mailing Address 15712 Point Monroe Drive Northeast

City

Bainbridge Island

State

WA

Zip Code

98110-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1183-13-1

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Carl W Middleton, III

Mailing Address 15712 Point Monroe Drive Northeast

City

Bainbridge Island

State

WA

Zip Code

98110-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1181-10-0

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Carl W Middleton, III

Mailing Address 15712 Point Monroe Drive Northeast

City

Bainbridge Island

State

WA

Zip Code

98110-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-6-14-0

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 299 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Carl W Middleton, III

Mailing Address 15712 Point Monroe Drive Northeast

City

Bainbridge Island

State

WA

Zip Code

98110-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-6-14-46

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Carl W Middleton, III

Mailing Address 15712 Point Monroe Drive Northeast

City

Bainbridge Island

State

WA

Zip Code

98110-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-6-16-16

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Carl W Middleton, III

Mailing Address 15712 Point Monroe Drive Northeast

City

Bainbridge Island

State

WA

Zip Code

98110-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-6

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 300 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Carl W Middleton, III

Mailing Address 15712 Point Monroe Drive Northeast

City

Bainbridge Island

State

WA

Zip Code

98110-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-6

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Carl W Middleton, III

Mailing Address 15712 Point Monroe Drive Northeast

City

Bainbridge Island

State

WA

Zip Code

98110-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-6

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Carl W Middleton, III

Mailing Address 15712 Point Monroe Drive Northeast

City

Bainbridge Island

State

WA

Zip Code

98110-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-6

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 301 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Ben Miller

Mailing Address 34 Storyteller Court

City

Sandia Park

State

NM

Zip Code

87047-8542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2009

Transaction ID: 20090720-1239-13-1

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Ben Miller

Mailing Address 34 Storyteller Court

City

Sandia Park

State

NM

Zip Code

87047-8542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: 20090804-1236-10-0

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Ben Miller

Mailing Address 34 Storyteller Court

City

Sandia Park

State

NM

Zip Code

87047-8542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2009

Transaction ID: 20090819-61-14-0

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 302 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Ben Miller

Mailing Address 34 Storyteller Court

City

Sandia Park

State

NM

Zip Code

87047-8542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-61-14-46

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Ben Miller

Mailing Address 34 Storyteller Court

City

Sandia Park

State

NM

Zip Code

87047-8542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-65-16-16

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Ben Miller

Mailing Address 34 Storyteller Court

City

Sandia Park

State

NM

Zip Code

87047-8542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-65

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

134.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 303 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Ben Miller

Mailing Address 34 Storyteller Court

City

Sandia Park

State

NM

Zip Code

87047-8542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-65

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Ben Miller

Mailing Address 34 Storyteller Court

City

Sandia Park

State

NM

Zip Code

87047-8542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-65

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Ben Miller

Mailing Address 34 Storyteller Court

City

Sandia Park

State

NM

Zip Code

87047-8542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-65

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 304 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jay W. Miller

Mailing Address 4820 N Oakland Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-6050

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Adv PIng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1075-13-0

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Jay W. Miller

Mailing Address 4820 N Oakland Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-6050

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Adv PIng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1073-10-0

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Jay W. Miller

Mailing Address 4820 N Oakland Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-6050

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Adv PIng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1139-14-15

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 305 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jay W. Miller

Mailing Address 4820 N Oakland Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-6050

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Adv Plng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1139-15-1

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Kevin E Miller

Mailing Address 214 Schenley Road

City

Pittsburgh

State

PA

Zip Code

15217-1171

FEC ID number of contributing
federal political committee.

C

Name of Employer
KEM Fncl Services Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1228-13-1

Amount of Each Receipt this Period

43.00

C.

Full Name (Last, First, Middle Initial)

Kevin E Miller

Mailing Address 214 Schenley Road

City

Pittsburgh

State

PA

Zip Code

15217-1171

FEC ID number of contributing
federal political committee.

C

Name of Employer
KEM Fncl Services Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1225-10-0

Amount of Each Receipt this Period

43.00

SUBTOTAL of Receipts This Page (optional)

111.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 306 / 574
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kevin E Miller

Mailing Address 214 Schenley Road

City

Pittsburgh

State

PA

Zip Code

15217-1171

FEC ID number of contributing
federal political committee.

C

Name of Employer
KEM Fncl Services Inc

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-50-14-0

Amount of Each Receipt this Period

43.00

B.

Full Name (Last, First, Middle Initial)

Kevin E Miller

Mailing Address 214 Schenley Road

City

Pittsburgh

State

PA

Zip Code

15217-1171

FEC ID number of contributing
federal political committee.

C

Name of Employer
KEM Fncl Services Inc

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-50-14-46

Amount of Each Receipt this Period

43.00

C.

Full Name (Last, First, Middle Initial)

Kevin E Miller

Mailing Address 214 Schenley Road

City

Pittsburgh

State

PA

Zip Code

15217-1171

FEC ID number of contributing
federal political committee.

C

Name of Employer
KEM Fncl Services Inc

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-51-16-16

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

294.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 307 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kevin E Miller

Mailing Address 214 Schenley Road

City

Pittsburgh

State

PA

Zip Code

15217-1171

FEC ID number of contributing
federal political committee.

C

Name of Employer
KEM Fncl Services Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-51

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Kevin E Miller

Mailing Address 214 Schenley Road

City

Pittsburgh

State

PA

Zip Code

15217-1171

FEC ID number of contributing
federal political committee.

C

Name of Employer
KEM Fncl Services Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-51

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Kevin E Miller

Mailing Address 214 Schenley Road

City

Pittsburgh

State

PA

Zip Code

15217-1171

FEC ID number of contributing
federal political committee.

C

Name of Employer
KEM Fncl Services Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-51

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 308 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kevin E Miller

Mailing Address 214 Schenley Road

City

Pittsburgh

State

PA

Zip Code

15217-1171

FEC ID number of contributing
federal political committee.

C

Name of Employer
KEM Fncl Services Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-51

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Karen A. Molloy

Mailing Address 2004 N 85th Street

City

Wauwatosa

State

WI

Zip Code

53226-2846

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-899

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

Karen A. Molloy

Mailing Address 2004 N 85th Street

City

Wauwatosa

State

WI

Zip Code

53226-2846

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-899

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

232.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 309 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Karen A. Molloy

Mailing Address 2004 N 85th Street

City

Wauwatosa

State

WI

Zip Code

53226-2846

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-899

Amount of Each Receipt this Period

12.00

B.

Full Name (Last, First, Middle Initial)

Scott J. Morris

Mailing Address 4406 N Madero Drive

City

Mequon

State

WI

Zip Code

53092-8711

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1150-17-1

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Scott J. Morris

Mailing Address 4406 N Madero Drive

City

Mequon

State

WI

Zip Code

53092-8711

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-1077

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

42.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 310 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Scott J. Morris

Mailing Address 4406 N Madero Drive

City

Mequon

State

WI

Zip Code

53092-8711

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-1075

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Scott J. Morris

Mailing Address 4406 N Madero Drive

City

Mequon

State

WI

Zip Code

53092-8711

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-1075

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Scott J. Morris

Mailing Address 4406 N Madero Drive

City

Mequon

State

WI

Zip Code

53092-8711

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1074

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 311 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Martin A. Moser

Mailing Address 378 Juniper Court

City

Grafton

State

WI

Zip Code

53024-2270

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-619-13-0

Amount of Each Receipt this Period

22.00

B.

Full Name (Last, First, Middle Initial)

Martin A. Moser

Mailing Address 378 Juniper Court

City

Grafton

State

WI

Zip Code

53024-2270

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-619-10-0

Amount of Each Receipt this Period

22.00

C.

Full Name (Last, First, Middle Initial)

Martin A. Moser

Mailing Address 378 Juniper Court

City

Grafton

State

WI

Zip Code

53024-2270

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-686-14-15

Amount of Each Receipt this Period

22.00

SUBTOTAL of Receipts This Page (optional)

66.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 312 / 574

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Full Name (Last, First, Middle Initial)

Martin A. Moser

Mailing Address 378 Juniper Court

City

Grafton

State

WI

Zip Code

53024-2270

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-686-15-1

Amount of Each Receipt this Period

22.00

B.

Full Name (Last, First, Middle Initial)

Martin A. Moser

Mailing Address 378 Juniper Court

City

Grafton

State

WI

Zip Code

53024-2270

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-682-17-1

Amount of Each Receipt this Period

22.00

C.

Full Name (Last, First, Middle Initial)

Martin A. Moser

Mailing Address 378 Juniper Court

City

Grafton

State

WI

Zip Code

53024-2270

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-608

Amount of Each Receipt this Period

22.00

SUBTOTAL of Receipts This Page (optional)

66.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Martin A. Moser

Mailing Address 378 Juniper Court

City

Grafton

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WI

Zip Code

53024-2270

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-607

Amount of Each Receipt this Period

22.00

B.

Full Name (Last, First, Middle Initial)

Martin A. Moser

Mailing Address 378 Juniper Court

City

Grafton

State

WI

Zip Code

53024-2270

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-607

Amount of Each Receipt this Period

22.00

C.

Full Name (Last, First, Middle Initial)

Martin A. Moser

Mailing Address 378 Juniper Court

City

Grafton

State

WI

Zip Code

53024-2270

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-608

Amount of Each Receipt this Period

22.00

SUBTOTAL of Receipts This Page (optional)

66.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Thomas A. Mroczkowski

Mailing Address W323 S8450 Nebo Trail

City

Mukwonago

State

WI

Zip Code

53149

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir IS Arch

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-806

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

David K. Nelson

Mailing Address 1506 E Fox Lane

City

Fox Point

State

WI

Zip Code

53217-2853

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-752-17-1

Amount of Each Receipt this Period

13.00

C.

Full Name (Last, First, Middle Initial)

David K. Nelson

Mailing Address 1506 E Fox Lane

City

Fox Point

State

WI

Zip Code

53217-2853

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-679

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)

36.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 315 / 574

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David K. Nelson

Mailing Address 1506 E Fox Lane

City

Fox Point

State

WI

Zip Code

53217-2853

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-678

Amount of Each Receipt this Period

13.00

B.

Full Name (Last, First, Middle Initial)

David K. Nelson

Mailing Address 1506 E Fox Lane

City

Fox Point

State

WI

Zip Code

53217-2853

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-678

Amount of Each Receipt this Period

13.00

C.

Full Name (Last, First, Middle Initial)

David K. Nelson

Mailing Address 1506 E Fox Lane

City

Fox Point

State

WI

Zip Code

53217-2853

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-678

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)

39.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 316 / 574

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Ronald C. Nelson

Mailing Address 5275 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53217-5371

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Prd Dev & Strat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-629-13-0

Amount of Each Receipt this Period

18.00

B.

Full Name (Last, First, Middle Initial)

Ronald C. Nelson

Mailing Address 5275 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53217-5371

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Prd Dev & Strat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-629-10-0

Amount of Each Receipt this Period

18.00

C.

Full Name (Last, First, Middle Initial)

Ronald C. Nelson

Mailing Address 5275 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53217-5371

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Prd Dev & Strat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-696-14-15

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional)

54.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 317 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Ronald C. Nelson

Mailing Address 5275 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53217-5371

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Prd Dev & Strat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-696-15-1

Amount of Each Receipt this Period

18.00

B.

Full Name (Last, First, Middle Initial)

Ronald C. Nelson

Mailing Address 5275 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53217-5371

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Prd Dev & Strat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-692-17-1

Amount of Each Receipt this Period

18.00

C.

Full Name (Last, First, Middle Initial)

Ronald C. Nelson

Mailing Address 5275 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53217-5371

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Prd Dev & Strat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-618

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional)

54.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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A.

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Ronald C. Nelson

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Whitefish Bay

State

WI

Zip Code

53217-5371

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Prd Dev & Strat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-617

Amount of Each Receipt this Period

18.00

B.

Full Name (Last, First, Middle Initial)

Ronald C. Nelson

Mailing Address 5275 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53217-5371

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Prd Dev & Strat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-617

Amount of Each Receipt this Period

18.00

C.

Full Name (Last, First, Middle Initial)

Ronald C. Nelson

Mailing Address 5275 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53217-5371

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Prd Dev & Strat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-617

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional)

54.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Timothy Nelson

Mailing Address 3518 17th Street

City

Kenosha

State

WI

Zip Code

53144-3339

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Mkt Conduct

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-959-15-1

Amount of Each Receipt this Period

13.00

B.

Full Name (Last, First, Middle Initial)

Timothy Nelson

Mailing Address 3518 17th Street

City

Kenosha

State

WI

Zip Code

53144-3339

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Mkt Conduct

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-954-17-1

Amount of Each Receipt this Period

13.00

C.

Full Name (Last, First, Middle Initial)

Timothy Nelson

Mailing Address 3518 17th Street

City

Kenosha

State

WI

Zip Code

53144-3339

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Mkt Conduct

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-881

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)

39.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Timothy Nelson

Mailing Address 3518 17th Street

City

Kenosha

State

WI

Zip Code

53144-3339

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Mkt Conduct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-880

Amount of Each Receipt this Period

13.00

B.

Full Name (Last, First, Middle Initial)

Timothy Nelson

Mailing Address 3518 17th Street

City

Kenosha

State

WI

Zip Code

53144-3339

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Mkt Conduct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-880

Amount of Each Receipt this Period

13.00

C.

Full Name (Last, First, Middle Initial)

Timothy Nelson

Mailing Address 3518 17th Street

City

Kenosha

State

WI

Zip Code

53144-3339

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Mkt Conduct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-880

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)

39.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

James J Nemec

Mailing Address 22 Maple Avenue

City

Larchmont

State

NY

Zip Code

10538-4041

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Nemec Agency LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1244-13-1

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

James J Nemec

Mailing Address 22 Maple Avenue

City

Larchmont

State

NY

Zip Code

10538-4041

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Nemec Agency LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1241-10-0

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

James J Nemec

Mailing Address 22 Maple Avenue

City

Larchmont

State

NY

Zip Code

10538-4041

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Nemec Agency LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-66-14-0

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 322 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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C

Name of Employer
The Nemec Agency LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-66-14-46

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

James J Nemec

Mailing Address 22 Maple Avenue

City

Larchmont

State

NY

Zip Code

10538-4041

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Nemec Agency LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-72-16-16

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

James J Nemec

Mailing Address 22 Maple Avenue

City

Larchmont

State

NY

Zip Code

10538-4041

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Nemec Agency LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-72

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 323 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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City

Larchmont

State

NY

Zip Code

10538-4041

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Nemec Agency LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-72

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

James J Nemec

Mailing Address 22 Maple Avenue

City

Larchmont

State

NY

Zip Code

10538-4041

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Nemec Agency LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-72

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

James J Nemec

Mailing Address 22 Maple Avenue

City

Larchmont

State

NY

Zip Code

10538-4041

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Nemec Agency LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-72

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 324 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeremy D. Newman

Mailing Address 2456 N 97th Street

City

Wauwatosa

State

WI

Zip Code

53226-1646

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Corp Offices

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1133-13-0

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Jeremy D. Newman

Mailing Address 2456 N 97th Street

City

Wauwatosa

State

WI

Zip Code

53226-1646

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Corp Offices

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1131-10-0

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Jeremy D. Newman

Mailing Address 1140 Lone Tree Road

City

Elm Grove

State

WI

Zip Code

53122-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Corp Offices

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1197-14-15

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 325 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeremy D. Newman

Mailing Address 1140 Lone Tree Road

City

Elm Grove

State

WI

Zip Code

53122-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Corp Offices

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1197-15-1

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Jeremy D. Newman

Mailing Address 1140 Lone Tree Road

City

Elm Grove

State

WI

Zip Code

53122-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Corp Offices

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1186-17-1

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Jeremy D. Newman

Mailing Address 1140 Lone Tree Road

City

Elm Grove

State

WI

Zip Code

53122-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Corp Offices

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-1113

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 326 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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Jeremy D. Newman

Mailing Address 1140 Lone Tree Road

City

Elm Grove

State

WI

Zip Code

53122-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Corp Offices

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Transaction ID: 20091015164625-1111

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Jeremy D. Newman

Mailing Address 1140 Lone Tree Road

City

Elm Grove

State

WI

Zip Code

53122-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Corp Offices

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	9

Transaction ID: 20091105152628-1111

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Jeremy D. Newman

Mailing Address 1140 Lone Tree Road

City

Elm Grove

State

WI

Zip Code

53122-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Corp Offices

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 2009111816423-1110

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 327 / 574

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

William H. Norton

Mailing Address 10145 Wavell Road

City

Fairfax

State

VA

Zip Code

22032-2337

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-546-13-0

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

William H. Norton

Mailing Address 10145 Wavell Road

City

Fairfax

State

VA

Zip Code

22032-2337

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-546-10-0

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

William H. Norton

Mailing Address 10145 Wavell Road

City

Fairfax

State

VA

Zip Code

22032-2337

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-614-14-15

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 328 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Mailing Address 10145 Wavell Road

City

Fairfax

State

VA

Zip Code

22032-2337

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-614-15-1

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

William H. Norton

Mailing Address 10145 Wavell Road

City

Fairfax

State

VA

Zip Code

22032-2337

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-612-17-1

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

William H. Norton

Mailing Address 10145 Wavell Road

City

Fairfax

State

VA

Zip Code

22032-2337

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-538

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 329 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

William H. Norton

Mailing Address 10145 Wavell Road

City

Fairfax

State

VA

Zip Code

22032-2337

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-537

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

William H. Norton

Mailing Address 10145 Wavell Road

City

Fairfax

State

VA

Zip Code

22032-2337

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-537

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

William H. Norton

Mailing Address 10145 Wavell Road

City

Fairfax

State

VA

Zip Code

22032-2337

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-538

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 330 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Daniel J. O Meara

Mailing Address W70 N385 Fox Pointe

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Agency Dev & Prgms

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

567.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	9	

Transaction ID: 20090720-740-13-0

Amount of Each Receipt this Period

27.00

B.

Full Name (Last, First, Middle Initial)

Daniel J. O Meara

Mailing Address W70 N385 Fox Pointe

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Agency Dev & Prgms

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

567.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	9	

Transaction ID: 20090804-739-10-0

Amount of Each Receipt this Period

27.00

C.

Full Name (Last, First, Middle Initial)

Daniel J. O Meara

Mailing Address W70 N385 Fox Pointe

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Agency Dev & Prgms

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

567.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	9	

Transaction ID: 20090819-806-14-15

Amount of Each Receipt this Period

27.00

SUBTOTAL of Receipts This Page (optional)

81.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 331 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Daniel J. O Meara

Mailing Address W70 N385 Fox Pointe

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Agency Dev & Prgms

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

567.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	9	

Transaction ID: 20090902-806-15-1

Amount of Each Receipt this Period

27.00

B.

Full Name (Last, First, Middle Initial)

Daniel J. O Meara

Mailing Address W70 N385 Fox Pointe

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Agency Dev & Prgms

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

567.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	9	

Transaction ID: 20090921-801-17-1

Amount of Each Receipt this Period

27.00

C.

Full Name (Last, First, Middle Initial)

Daniel J. O Meara

Mailing Address W70 N385 Fox Pointe

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Agency Dev & Prgms

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

567.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	9	

Transaction ID: 20091008104013-728

Amount of Each Receipt this Period

27.00

SUBTOTAL of Receipts This Page (optional)

81.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 332 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Daniel J. O Meara

Mailing Address W70 N385 Fox Pointe

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Agency Dev & Prgms

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

567.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Transaction ID: 20091015164625-727

Amount of Each Receipt this Period

27.00

B.

Full Name (Last, First, Middle Initial)

Daniel J. O Meara

Mailing Address W70 N385 Fox Pointe

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Agency Dev & Prgms

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

567.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	9

Transaction ID: 20091105152628-727

Amount of Each Receipt this Period

27.00

C.

Full Name (Last, First, Middle Initial)

Daniel J. O Meara

Mailing Address W70 N385 Fox Pointe

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Agency Dev & Prgms

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

567.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 2009111816423-727

Amount of Each Receipt this Period

27.00

SUBTOTAL of Receipts This Page (optional)

81.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 333 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John K. O Meara

Mailing Address 1083 N Perry Court

City

Wauwatosa

State

WI

Zip Code

53213-3158

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Adv Plng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1115-14-15

Amount of Each Receipt this Period

14.00

B.

Full Name (Last, First, Middle Initial)

John K. O Meara

Mailing Address 1083 N Perry Court

City

Wauwatosa

State

WI

Zip Code

53213-3158

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Adv Plng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1115-15-1

Amount of Each Receipt this Period

14.00

C.

Full Name (Last, First, Middle Initial)

John K. O Meara

Mailing Address 1083 N Perry Court

City

Wauwatosa

State

WI

Zip Code

53213-3158

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Adv Plng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1106-17-1

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)

42.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 334 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John K. O Meara

Mailing Address 1083 N Perry Court

City

Wauwatosa

State

WI

Zip Code

53213-3158

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Adv Plng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-1033

Amount of Each Receipt this Period

14.00

B.

Full Name (Last, First, Middle Initial)

John K. O Meara

Mailing Address 1083 N Perry Court

City

Wauwatosa

State

WI

Zip Code

53213-3158

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Adv Plng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-1032

Amount of Each Receipt this Period

14.00

C.

Full Name (Last, First, Middle Initial)

John K. O Meara

Mailing Address 1083 N Perry Court

City

Wauwatosa

State

WI

Zip Code

53213-3158

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Adv Plng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-1032

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)

42.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 335 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John K. O Meara

Mailing Address 1083 N Perry Court

City

Wauwatosa

State

WI

Zip Code

53213-3158

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Adv Plng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1031

Amount of Each Receipt this Period

14.00

B.

Full Name (Last, First, Middle Initial)

Mary Joy O Meara

Mailing Address 4325 N Morris Boulevard

City

Shorewood

State

WI

Zip Code

53211-1547

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Specialty Mkts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-751

Amount of Each Receipt this Period

13.00

C.

Full Name (Last, First, Middle Initial)

Mary Joy O Meara

Mailing Address 4325 N Morris Boulevard

City

Shorewood

State

WI

Zip Code

53211-1547

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Specialty Mkts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-750

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)

40.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 336 / 574
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mary Joy O Meara

Mailing Address 4325 N Morris Boulevard

City

Shorewood

State

WI

Zip Code

53211-1547

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Specialty Mkts

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	9

Transaction ID: 20091105152628-750

Amount of Each Receipt this Period

13.00

B.

Full Name (Last, First, Middle Initial)

Mary Joy O Meara

Mailing Address 4325 N Morris Boulevard

City

Shorewood

State

WI

Zip Code

53211-1547

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Specialty Mkts

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 2009111816423-750

Amount of Each Receipt this Period

13.00

C.

Full Name (Last, First, Middle Initial)

Gregory C. Oberland

Mailing Address 4746 N Cumberland Bl

City

Whitefish Bay

State

WI

Zip Code

53211-1147

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP Ins & Tech

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	9

Transaction ID: 20090720-606-13-0

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

234.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 337 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gregory C. Oberland

Mailing Address 4746 N Cumberland Bl

City

Whitefish Bay

State

WI

Zip Code

53211-1147

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP Ins & Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	9

Transaction ID: 20090804-606-10-0

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Gregory C. Oberland

Mailing Address 4746 N Cumberland Bl

City

Whitefish Bay

State

WI

Zip Code

53211-1147

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP Ins & Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	9

Transaction ID: 20090819-673-14-15

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Gregory C. Oberland

Mailing Address 4746 N Cumberland Bl

City

Whitefish Bay

State

WI

Zip Code

53211-1147

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP Ins & Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	9

Transaction ID: 20090902-673-15-1

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 338 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gregory C. Oberland

Mailing Address 4746 N Cumberland Bl

City

Whitefish Bay

State

WI

Zip Code

53211-1147

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP Ins & Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-670-17-1

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Gregory C. Oberland

Mailing Address 4746 N Cumberland Bl

City

Whitefish Bay

State

WI

Zip Code

53211-1147

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP Ins & Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-596

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Gregory C. Oberland

Mailing Address 4746 N Cumberland Bl

City

Whitefish Bay

State

WI

Zip Code

53211-1147

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP Ins & Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-595

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 339 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gregory C. Oberland

Mailing Address 4746 N Cumberland Bl

City

Whitefish Bay

State

WI

Zip Code

53211-1147

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP Ins & Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-595

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Gregory C. Oberland

Mailing Address 4746 N Cumberland Bl

City

Whitefish Bay

State

WI

Zip Code

53211-1147

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP Ins & Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-596

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Eric S Olson

Mailing Address 127 Fairmount Road

City

Ridgewood

State

NJ

Zip Code

07450-1422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Olson Fncl Grp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-57

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

458.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 340 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kathleen A. Oman

Mailing Address S63W16495 College Avenue

City

Muskego

State

WI

Zip Code

53150-8303

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Pos

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1092.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-769-13-0

Amount of Each Receipt this Period

52.00

B.

Full Name (Last, First, Middle Initial)

Kathleen A. Oman

Mailing Address S63W16495 College Avenue

City

Muskego

State

WI

Zip Code

53150-8303

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Pos

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1092.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-768-10-0

Amount of Each Receipt this Period

52.00

C.

Full Name (Last, First, Middle Initial)

Kathleen A. Oman

Mailing Address S63W16495 College Avenue

City

Muskego

State

WI

Zip Code

53150-8303

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Pos

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1092.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-835-14-15

Amount of Each Receipt this Period

52.00

SUBTOTAL of Receipts This Page (optional)

156.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 341 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kathleen A. Oman

Mailing Address S63W16495 College Avenue

City

Muskego

State

WI

Zip Code

53150-8303

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Pos

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1092.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-835-15-1

Amount of Each Receipt this Period

52.00

B.

Full Name (Last, First, Middle Initial)

Kathleen A. Oman

Mailing Address S63W16495 College Avenue

City

Muskego

State

WI

Zip Code

53150-8303

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Pos

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1092.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-830-17-1

Amount of Each Receipt this Period

52.00

C.

Full Name (Last, First, Middle Initial)

Kathleen A. Oman

Mailing Address S63W16495 College Avenue

City

Muskego

State

WI

Zip Code

53150-8303

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Pos

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1092.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-757

Amount of Each Receipt this Period

52.00

SUBTOTAL of Receipts This Page (optional)

156.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 342 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kathleen A. Oman

Mailing Address S63W16495 College Avenue

City

Muskego

State

WI

Zip Code

53150-8303

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Pos

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1092.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-756

Amount of Each Receipt this Period

52.00

B.

Full Name (Last, First, Middle Initial)

Kathleen A. Oman

Mailing Address S63W16495 College Avenue

City

Muskego

State

WI

Zip Code

53150-8303

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Pos

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1092.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-756

Amount of Each Receipt this Period

52.00

C.

Full Name (Last, First, Middle Initial)

Kathleen A. Oman

Mailing Address S63W16495 College Avenue

City

Muskego

State

WI

Zip Code

53150-8303

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Pos

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1092.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-756

Amount of Each Receipt this Period

52.00

SUBTOTAL of Receipts This Page (optional)

156.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 343 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Christen L. Partleton

Mailing Address 4832 N Shoreland Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5821

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Facility Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-882-13-0

Amount of Each Receipt this Period

22.00

B.

Full Name (Last, First, Middle Initial)

Christen L. Partleton

Mailing Address 4832 N Shoreland Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5821

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Facility Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-880-10-0

Amount of Each Receipt this Period

22.00

C.

Full Name (Last, First, Middle Initial)

Christen L. Partleton

Mailing Address 4832 N Shoreland Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5821

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Facility Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-947-14-15

Amount of Each Receipt this Period

22.00

SUBTOTAL of Receipts This Page (optional)

66.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 344 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Christen L. Partleton

Mailing Address 4832 N Shoreland Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5821

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Facility Ops

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-947-15-1

Amount of Each Receipt this Period

22.00

B.

Full Name (Last, First, Middle Initial)

Christen L. Partleton

Mailing Address 4832 N Shoreland Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5821

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Facility Ops

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-942-17-1

Amount of Each Receipt this Period

22.00

C.

Full Name (Last, First, Middle Initial)

Christen L. Partleton

Mailing Address 4832 N Shoreland Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5821

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Facility Ops

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-869

Amount of Each Receipt this Period

22.00

SUBTOTAL of Receipts This Page (optional)

66.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 345 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Christen L. Partleton

Mailing Address 4832 N Shoreland Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5821

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Facility Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-868

Amount of Each Receipt this Period

22.00

B.

Full Name (Last, First, Middle Initial)

Christen L. Partleton

Mailing Address 4832 N Shoreland Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5821

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Facility Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-868

Amount of Each Receipt this Period

22.00

C.

Full Name (Last, First, Middle Initial)

Christen L. Partleton

Mailing Address 4832 N Shoreland Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5821

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Facility Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-868

Amount of Each Receipt this Period

22.00

SUBTOTAL of Receipts This Page (optional)

66.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 346 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey L Pawlowski

Mailing Address 2519 Northwest Marsden Place

City

Portland

State

OR

Zip Code

97229-9190

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1209-13-1

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

William C. Pickering

Mailing Address 1823 N 81st Street

City

Wauwatosa

State

WI

Zip Code

53213-2146

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1116-17-1

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

William C. Pickering

Mailing Address 1823 N 81st Street

City

Wauwatosa

State

WI

Zip Code

53213-2146

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-1043

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

149.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 347 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

William C. Pickering

Mailing Address 1823 N 81st Street

City

Wauwatosa

State

WI

Zip Code

53213-2146

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Transaction ID: 20091015164625-1042

Amount of Each Receipt this Period

12.00

B.

Full Name (Last, First, Middle Initial)

William C. Pickering

Mailing Address 1823 N 81st Street

City

Wauwatosa

State

WI

Zip Code

53213-2146

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	9

Transaction ID: 20091105152628-1042

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

William C. Pickering

Mailing Address 1823 N 81st Street

City

Wauwatosa

State

WI

Zip Code

53213-2146

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 2009111816423-1041

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

36.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 348 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Harvey W. Pogoriler

Mailing Address 9185 N Rexleigh Drive

City

Bayside

State

WI

Zip Code

53217-1869

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1090-13-0

Amount of Each Receipt this Period

24.00

B.

Full Name (Last, First, Middle Initial)

Harvey W. Pogoriler

Mailing Address 9185 N Rexleigh Drive

City

Bayside

State

WI

Zip Code

53217-1869

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1088-10-0

Amount of Each Receipt this Period

24.00

C.

Full Name (Last, First, Middle Initial)

Harvey W. Pogoriler

Mailing Address 9185 N Rexleigh Drive

City

Bayside

State

WI

Zip Code

53217-1869

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1154-14-15

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)

72.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 349 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Harvey W. Pogoriler

Mailing Address 9185 N Rexleigh Drive

City

Bayside

State

WI

Zip Code

53217-1869

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1154-15-1

Amount of Each Receipt this Period

24.00

B.

Full Name (Last, First, Middle Initial)

Harvey W. Pogoriler

Mailing Address 9185 N Rexleigh Drive

City

Bayside

State

WI

Zip Code

53217-1869

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1144-17-1

Amount of Each Receipt this Period

24.00

C.

Full Name (Last, First, Middle Initial)

Harvey W. Pogoriler

Mailing Address 9185 N Rexleigh Drive

City

Bayside

State

WI

Zip Code

53217-1869

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-1071

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)

72.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 350 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Harvey W. Pogoriler

Mailing Address 9185 N Rexleigh Drive

City

Bayside

State

WI

Zip Code

53217-1869

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-1069

Amount of Each Receipt this Period

24.00

B.

Full Name (Last, First, Middle Initial)

Harvey W. Pogoriler

Mailing Address 9185 N Rexleigh Drive

City

Bayside

State

WI

Zip Code

53217-1869

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-1069

Amount of Each Receipt this Period

24.00

C.

Full Name (Last, First, Middle Initial)

Harvey W. Pogoriler

Mailing Address 9185 N Rexleigh Drive

City

Bayside

State

WI

Zip Code

53217-1869

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1068

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)

72.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 351 / 574
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gary A. Poliner

Mailing Address 311 E Erie Street

City

Milwaukee

State

WI

Zip Code

53202-6040

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
EVP Ips

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-552-13-0

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Gary A. Poliner

Mailing Address 311 E Erie Street

City

Milwaukee

State

WI

Zip Code

53202-6040

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
EVP Ips

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-552-10-0

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Gary A. Poliner

Mailing Address 825 N Prospect Avenue U

City

Milwaukee

State

WI

Zip Code

53202-3979

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
EVP Ips

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-620-14-15

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 352 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gary A. Poliner

Mailing Address 825 N Prospect Avenue U

City

Milwaukee

State

WI

Zip Code

53202-3979

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
EVP Ips

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-620-15-1

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Gary A. Poliner

Mailing Address 825 N Prospect Avenue U

City

Milwaukee

State

WI

Zip Code

53202-3979

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
EVP Ips

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-618-17-1

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Gary A. Poliner

Mailing Address 825 N Prospect Avenue U

City

Milwaukee

State

WI

Zip Code

53202-3979

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
EVP Ips

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-544

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 353 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gary A. Poliner

Mailing Address 825 N Prospect Avenue U

City

Milwaukee

State

WI

Zip Code

53202-3979

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
EVP Ips

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-543

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Gary A. Poliner

Mailing Address 825 N Prospect Avenue U

City

Milwaukee

State

WI

Zip Code

53202-3979

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
EVP Ips

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-543

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Gary A. Poliner

Mailing Address 825 N Prospect Avenue U

City

Milwaukee

State

WI

Zip Code

53202-3979

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
EVP Ips

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-544

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 354 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Charles R Pruett

Mailing Address 224 Ensworth Place

City

Nashville

State

TN

Zip Code

37205-1922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1236-13-1

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Charles R Pruett

Mailing Address 224 Ensworth Place

City

Nashville

State

TN

Zip Code

37205-1922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1233-10-0

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Charles R Pruett

Mailing Address 224 Ensworth Place

City

Nashville

State

TN

Zip Code

37205-1922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-58-14-0

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 355 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Charles R Pruett

Mailing Address 224 Ensworth Place

City

Nashville

State

TN

Zip Code

37205-1922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-58-14-46

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Charles R Pruett

Mailing Address 224 Ensworth Place

City

Nashville

State

TN

Zip Code

37205-1922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-61-16-16

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Charles R Pruett

Mailing Address 224 Ensworth Place

City

Nashville

State

TN

Zip Code

37205-1922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-61

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 356 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Charles R Pruett

Mailing Address 224 Ensworth Place

City

Nashville

State

TN

Zip Code

37205-1922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-61

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Charles R Pruett

Mailing Address 224 Ensworth Place

City

Nashville

State

TN

Zip Code

37205-1922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-61

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Charles R Pruett

Mailing Address 224 Ensworth Place

City

Nashville

State

TN

Zip Code

37205-1922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-61

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 357 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John M Qualy

Mailing Address 13 Brentmoor Park

City

Clayton

State

MO

Zip Code

63105-3067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Qualy Nwk Of Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1179-13-1

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

John M Qualy

Mailing Address 13 Brentmoor Park

City

Clayton

State

MO

Zip Code

63105-3067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Qualy Nwk Of Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1177-10-0

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

John M Qualy

Mailing Address 13 Brentmoor Park

City

Clayton

State

MO

Zip Code

63105-3067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Qualy Nwk Of Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-2-14-0

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 358 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John M Qualy

Mailing Address 13 Brentmoor Park

City

Clayton

State

MO

Zip Code

63105-3067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Qualy Nwk Of Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	9

Transaction ID: 20090902-2-14-46

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

John M Qualy

Mailing Address 13 Brentmoor Park

City

Clayton

State

MO

Zip Code

63105-3067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Qualy Nwk Of Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	9

Transaction ID: 20090921-2-16-16

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

John M Qualy

Mailing Address 13 Brentmoor Park

City

Clayton

State

MO

Zip Code

63105-3067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Qualy Nwk Of Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: 20091008103448-2

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 359 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John M Qualy

Mailing Address 13 Brentmoor Park

City

Clayton

State

MO

Zip Code

63105-3067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Qualy Nwk Of Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-2

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

John M Qualy

Mailing Address 13 Brentmoor Park

City

Clayton

State

MO

Zip Code

63105-3067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Qualy Nwk Of Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-2

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

John M Qualy

Mailing Address 13 Brentmoor Park

City

Clayton

State

MO

Zip Code

63105-3067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Qualy Nwk Of Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-2

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 360 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Craig L Quinlan

Mailing Address 229 Roberts Road

City

Inverness

State

IL

Zip Code

60010-5753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 20091118163132-37

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Thomas O. Rabenn

Mailing Address 9410 N Fairway Drive

City

Bayside

State

WI

Zip Code

53217-1321

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 2009111816423-1033

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Steven M. Radke

Mailing Address 9600 N Crestwood Court

City

Mequon

State

WI

Zip Code

53092-5355

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Leg & Reg Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	9

Transaction ID: 20090720-846-13-0

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

82.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 361 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steven M. Radke

Mailing Address 9600 N Crestwood Court

City

Mequon

State

WI

Zip Code

53092-5355

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Leg & Reg Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-845-10-0

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Steven M. Radke

Mailing Address 9600 N Crestwood Court

City

Mequon

State

WI

Zip Code

53092-5355

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Leg & Reg Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-912-14-15

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Steven M. Radke

Mailing Address 9600 N Crestwood Court

City

Mequon

State

WI

Zip Code

53092-5355

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Leg & Reg Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-912-15-1

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 362 / 574

(check only one)

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steven M. Radke

Mailing Address 9600 N Crestwood Court

City

Mequon

State

WI

Zip Code

53092-5355

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Leg & Reg Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-907-17-1

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Steven M. Radke

Mailing Address 9600 N Crestwood Court

City

Mequon

State

WI

Zip Code

53092-5355

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Leg & Reg Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-834

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Steven M. Radke

Mailing Address 9600 N Crestwood Court

City

Mequon

State

WI

Zip Code

53092-5355

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Leg & Reg Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-833

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 363 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steven M. Radke

Mailing Address 9600 N Crestwood Court

City

Mequon

State

WI

Zip Code

53092-5355

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Leg & Reg Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-833

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Steven M. Radke

Mailing Address 9600 N Crestwood Court

City

Mequon

State

WI

Zip Code

53092-5355

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Leg & Reg Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-833

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Randal W. Ralph

Mailing Address 3616 Turnberry Drive

City

Mequon

State

WI

Zip Code

53092-6307

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

367.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1087-13-0

Amount of Each Receipt this Period

17.50

SUBTOTAL of Receipts This Page (optional)

77.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 364 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Randal W. Ralph

Mailing Address 3616 Turnberry Drive

City

Mequon

State

WI

Zip Code

53092-6307

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1085-10-0

Amount of Each Receipt this Period

17.50

B.

Full Name (Last, First, Middle Initial)

Randal W. Ralph

Mailing Address 3616 Turnberry Drive

City

Mequon

State

WI

Zip Code

53092-6307

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.50

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1151-14-15

Amount of Each Receipt this Period

17.50

C.

Full Name (Last, First, Middle Initial)

Randal W. Ralph

Mailing Address 3616 Turnberry Drive

City

Mequon

State

WI

Zip Code

53092-6307

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.50

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1151-15-1

Amount of Each Receipt this Period

17.50

SUBTOTAL of Receipts This Page (optional)

52.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 365 / 574

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Randal W. Ralph

Mailing Address 3616 Turnberry Drive

City

Mequon

State

WI

Zip Code

53092-6307

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1141-17-1

Amount of Each Receipt this Period

17.50

B.

Full Name (Last, First, Middle Initial)

Randal W. Ralph

Mailing Address 3616 Turnberry Drive

City

Mequon

State

WI

Zip Code

53092-6307

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-1068

Amount of Each Receipt this Period

17.50

C.

Full Name (Last, First, Middle Initial)

Randal W. Ralph

Mailing Address 3616 Turnberry Drive

City

Mequon

State

WI

Zip Code

53092-6307

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.50

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-1066

Amount of Each Receipt this Period

17.50

SUBTOTAL of Receipts This Page (optional)

52.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 366 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Randal W. Ralph

Mailing Address 3616 Turnberry Drive

City

Megunon

State

WI

Zip Code

53092-6307

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-1066

Amount of Each Receipt this Period

17.50

B.

Full Name (Last, First, Middle Initial)

Randal W. Ralph

Mailing Address 3616 Turnberry Drive

City

Megunon

State

WI

Zip Code

53092-6307

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1065

Amount of Each Receipt this Period

17.50

C.

Full Name (Last, First, Middle Initial)

Jeff D Reeter

Mailing Address 7 Williamsburg Lane

City

Houston

State

TX

Zip Code

77024-5144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Fnci Group L P

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1243-13-1

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 367 / 574

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeff D Reeter

Mailing Address 7 Williamsburg Lane

City

Houston

State

TX

Zip Code

77024-5144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Fnc'l Group L P

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1240-10-0

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Jeff D Reeter

Mailing Address 7 Williamsburg Lane

City

Houston

State

TX

Zip Code

77024-5144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Fnc'l Group L P

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-65-14-0

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Jeff D Reeter

Mailing Address 7 Williamsburg Lane

City

Houston

State

TX

Zip Code

77024-5144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Fnc'l Group L P

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-65-14-46

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 368 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeff D Reeter

Mailing Address 7 Williamsburg Lane

City

Houston

State

TX

Zip Code

77024-5144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Fnc'l Group L P

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-70-16-16

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jeff D Reeter

Mailing Address 7 Williamsburg Lane

City

Houston

State

TX

Zip Code

77024-5144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Fnc'l Group L P

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-70

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Jeff D Reeter

Mailing Address 7 Williamsburg Lane

City

Houston

State

TX

Zip Code

77024-5144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Fnc'l Group L P

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-70

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 369 / 574

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeff D Reeter

Mailing Address 7 Williamsburg Lane

City

Houston

State

TX

Zip Code

77024-5144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Fnc'l Group L P

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-70

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jeff D Reeter

Mailing Address 7 Williamsburg Lane

City

Houston

State

TX

Zip Code

77024-5144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Fnc'l Group L P

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-70

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

David Robert Remstad

Mailing Address 2634 N Lake Drive

City

Milwaukee

State

WI

Zip Code

53211-3837

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Actuary

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

891.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-773-13-0

Amount of Each Receipt this Period

59.00

SUBTOTAL of Receipts This Page (optional)

259.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 370 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David Robert Remstad

Mailing Address 2634 N Lake Drive

City

Milwaukee

State

WI

Zip Code

53211-3837

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

891.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-772-10-0

Amount of Each Receipt this Period

59.00

B.

Full Name (Last, First, Middle Initial)

David Robert Remstad

Mailing Address 2634 N Lake Drive

City

Milwaukee

State

WI

Zip Code

53211-3837

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

891.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-839-14-15

Amount of Each Receipt this Period

59.00

C.

Full Name (Last, First, Middle Initial)

David Robert Remstad

Mailing Address 2634 N Lake Drive

City

Milwaukee

State

WI

Zip Code

53211-3837

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

891.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-839-15-1

Amount of Each Receipt this Period

59.00

SUBTOTAL of Receipts This Page (optional)

177.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 371 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David Robert Remstad

Mailing Address 2634 N Lake Drive

City

Milwaukee

State

WI

Zip Code

53211-3837

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

891.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-834-17-1

Amount of Each Receipt this Period

59.00

B.

Full Name (Last, First, Middle Initial)

David Robert Remstad

Mailing Address 2634 N Lake Drive

City

Milwaukee

State

WI

Zip Code

53211-3837

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

891.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-761

Amount of Each Receipt this Period

59.00

C.

Full Name (Last, First, Middle Initial)

David Robert Remstad

Mailing Address 2634 N Lake Drive

City

Milwaukee

State

WI

Zip Code

53211-3837

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

891.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-760

Amount of Each Receipt this Period

59.00

SUBTOTAL of Receipts This Page (optional)

177.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 372 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David Robert Remstad

Mailing Address 2634 N Lake Drive

City

Milwaukee

State

WI

Zip Code

53211-3837

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

891.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	9

Transaction ID: 20091105152628-760

Amount of Each Receipt this Period

59.00

B.

Full Name (Last, First, Middle Initial)

David Robert Remstad

Mailing Address 2634 N Lake Drive

City

Milwaukee

State

WI

Zip Code

53211-3837

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

891.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 2009111816423-760

Amount of Each Receipt this Period

59.00

C.

Full Name (Last, First, Middle Initial)

Peter K. Richardson

Mailing Address 720 E Green Tree Road

City

Fox Point

State

WI

Zip Code

53217-3615

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	9

Transaction ID: 20090804-527-10-0

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 373 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Peter K. Richardson

Mailing Address 720 E Green Tree Road

City

Fox Point

State

WI

Zip Code

53217-3615

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	9	

Transaction ID: 20090819-595-14-15

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Peter K. Richardson

Mailing Address 720 E Green Tree Road

City

Fox Point

State

WI

Zip Code

53217-3615

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	9	

Transaction ID: 20090902-595-15-1

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Peter K. Richardson

Mailing Address 720 E Green Tree Road

City

Fox Point

State

WI

Zip Code

53217-3615

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	9	

Transaction ID: 20090921-593-17-1

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 374 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Peter K. Richardson

Mailing Address 720 E Green Tree Road

City

Fox Point

State

WI

Zip Code

53217-3615

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-519

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Peter K. Richardson

Mailing Address 720 E Green Tree Road

City

Fox Point

State

WI

Zip Code

53217-3615

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-518

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Peter K. Richardson

Mailing Address 720 E Green Tree Road

City

Fox Point

State

WI

Zip Code

53217-3615

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-518

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 375 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Peter K. Richardson

Mailing Address 720 E Green Tree Road

City

Fox Point

State

WI

Zip Code

53217-3615

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-519

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Daniel A. Riedl

Mailing Address 6604 Cedar Street

City

Wauwatosa

State

WI

Zip Code

53213-3252

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dist Pol & Ops

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-691-13-0

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Daniel A. Riedl

Mailing Address 6604 Cedar Street

City

Wauwatosa

State

WI

Zip Code

53213-3252

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dist Pol & Ops

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-690-10-0

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

67.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 376 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Daniel A. Riedl

Mailing Address 6604 Cedar Street

City

Wauwatosa

State

WI

Zip Code

53213-3252

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dist Pol & Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-757-14-15

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Daniel A. Riedl

Mailing Address 6604 Cedar Street

City

Wauwatosa

State

WI

Zip Code

53213-3252

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dist Pol & Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-757-15-1

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Daniel A. Riedl

Mailing Address 6604 Cedar Street

City

Wauwatosa

State

WI

Zip Code

53213-3252

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dist Pol & Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-753-17-1

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 377 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Daniel A. Riedl

Mailing Address 6604 Cedar Street

City

Wauwatosa

State

WI

Zip Code

53213-3252

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dist Pol & Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-680

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Daniel A. Riedl

Mailing Address 6604 Cedar Street

City

Wauwatosa

State

WI

Zip Code

53213-3252

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dist Pol & Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-679

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Daniel A. Riedl

Mailing Address 6604 Cedar Street

City

Wauwatosa

State

WI

Zip Code

53213-3252

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dist Pol & Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-679

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 378 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Daniel A. Riedl

Mailing Address 6604 Cedar Street

City

Wauwatosa

State

WI

Zip Code

53213-3252

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dist Pol & Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-679

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Marcia Rimai

Mailing Address 4100 N Lake Drive

City

Shorewood

State

WI

Zip Code

53211-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP & Chief Admin Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-650-13-0

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Marcia Rimai

Mailing Address 4100 N Lake Drive

City

Shorewood

State

WI

Zip Code

53211-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP & Chief Admin Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-649-10-0

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

441.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 379 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Marcia Rimai

Mailing Address 4100 N Lake Drive

City

Shorewood

State

WI

Zip Code

53211-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP & Chief Admin Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-716-14-15

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Marcia Rimai

Mailing Address 4100 N Lake Drive

City

Shorewood

State

WI

Zip Code

53211-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP & Chief Admin Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-716-15-1

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Marcia Rimai

Mailing Address 4100 N Lake Drive

City

Shorewood

State

WI

Zip Code

53211-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP & Chief Admin Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-712-17-1

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 380 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Marcia Rimai

Mailing Address 4100 N Lake Drive

City

Shorewood

State

WI

Zip Code

53211-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP & Chief Admin Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-639

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Marcia Rimai

Mailing Address 4100 N Lake Drive

City

Shorewood

State

WI

Zip Code

53211-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP & Chief Admin Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-638

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Marcia Rimai

Mailing Address 4100 N Lake Drive

City

Shorewood

State

WI

Zip Code

53211-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP & Chief Admin Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-638

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 381 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Marcia Rimai

Mailing Address 4100 N Lake Drive

City

Shorewood

State

WI

Zip Code

53211-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP & Chief Admin Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-638

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

John D Rivers, Jr.

Mailing Address 3601 River Ridge Cove

City

Prospect

State

KY

Zip Code

40059-8038

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Louisville Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1214-13-1

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

John D Rivers, Jr.

Mailing Address 3601 River Ridge Cove

City

Prospect

State

KY

Zip Code

40059-8038

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Louisville Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1211-10-0

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

458.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 382 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John D Rivers, Jr.

Mailing Address 3601 River Ridge Cove

City

State

Zip Code

Prospect

KY

40059-8038

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Louisville Inc

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-36-14-0

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

John D Rivers, Jr.

Mailing Address 3601 River Ridge Cove

City

State

Zip Code

Prospect

KY

40059-8038

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Louisville Inc

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-36-14-46

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

John D Rivers, Jr.

Mailing Address 3601 River Ridge Cove

City

State

Zip Code

Prospect

KY

40059-8038

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Louisville Inc

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-36-16-16

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 383 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John D Rivers, Jr.

Mailing Address 3601 River Ridge Cove

City

State

Zip Code

Prospect

KY

40059-8038

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Louisville Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-36

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

John D Rivers, Jr.

Mailing Address 3601 River Ridge Cove

City

State

Zip Code

Prospect

KY

40059-8038

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Louisville Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-36

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

John D Rivers, Jr.

Mailing Address 3601 River Ridge Cove

City

State

Zip Code

Prospect

KY

40059-8038

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Louisville Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-36

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 384 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John D Rivers, Jr.

Mailing Address 3601 River Ridge Cove

City

Prospect

State

KY

Zip Code

40059-8038

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Louisville Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-36

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Bethany M. Rodenhuis

Mailing Address 3900 N Lake Drive

City

Shorewood

State

WI

Zip Code

53211-2448

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Corp Plng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

948.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-651-13-0

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Bethany M. Rodenhuis

Mailing Address 3900 N Lake Drive

City

Shorewood

State

WI

Zip Code

53211-2448

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Corp Plng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

948.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-650-10-0

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

245.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 385 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Bethany M. Rodenhuis

Mailing Address 3900 N Lake Drive

City

Shorewood

State

WI

Zip Code

53211-2448

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Corp Plng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

948.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-717-14-15

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Bethany M. Rodenhuis

Mailing Address 3900 N Lake Drive

City

Shorewood

State

WI

Zip Code

53211-2448

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Corp Plng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

948.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-717-15-1

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Bethany M. Rodenhuis

Mailing Address 3900 N Lake Drive

City

Shorewood

State

WI

Zip Code

53211-2448

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Corp Plng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

948.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-713-17-1

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 386 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Bethany M. Rodenhuis

Mailing Address 3900 N Lake Drive

City

Shorewood

State

WI

Zip Code

53211-2448

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

VP Corp Plng

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

948.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: 20091008104013-640

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Bethany M. Rodenhuis

Mailing Address 3900 N Lake Drive

City

Shorewood

State

WI

Zip Code

53211-2448

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

VP Corp Plng

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

948.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Transaction ID: 20091015164625-639

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Bethany M. Rodenhuis

Mailing Address 3900 N Lake Drive

City

Shorewood

State

WI

Zip Code

53211-2448

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

VP Corp Plng

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

948.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	9

Transaction ID: 20091105152628-639

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 387 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Bethany M. Rodenhuis

Mailing Address 3900 N Lake Drive

City

Shorewood

State

WI

Zip Code

53211-2448

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Corp Plng

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

948.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-639

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Tammy M. Roou

Mailing Address N99 W14710 Amber Drive

City

Germantown

State

WI

Zip Code

53022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Ins Prod & Dist Cnl

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-898-14-15

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Tammy M. Roou

Mailing Address N99 W14710 Amber Drive

City

Germantown

State

WI

Zip Code

53022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Ins Prod & Dist Cnl

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-898-15-1

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 388 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Tammy M. Roou

Mailing Address N99 W14710 Amber Drive

City

Germantown

State

WI

Zip Code

53022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Ins Prod & Dist Cnl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-893-17-1

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Tammy M. Roou

Mailing Address N99 W14710 Amber Drive

City

Germantown

State

WI

Zip Code

53022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Ins Prod & Dist Cnl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-820

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Tammy M. Roou

Mailing Address N99 W14710 Amber Drive

City

Germantown

State

WI

Zip Code

53022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Ins Prod & Dist Cnl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-819

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 389 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Tammy M. Roou

Mailing Address N99 W14710 Amber Drive

City

Germantown

State

WI

Zip Code

53022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Ins Prod & Dist Cnl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-819

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Tammy M. Roou

Mailing Address N99 W14710 Amber Drive

City

Germantown

State

WI

Zip Code

53022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Ins Prod & Dist Cnl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-819

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Matt Russo

Mailing Address 139 Deep Valley Road

City

New Canaan

State

CT

Zip Code

06840-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-64-16-16

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

248.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 390 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Matt Russo

Mailing Address 139 Deep Valley Road

City

New Canaan

State

CT

Zip Code

06840-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: 20091008103448-64

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Matt Russo

Mailing Address 139 Deep Valley Road

City

New Canaan

State

CT

Zip Code

06840-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	9

Transaction ID: 2009102293957-64

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Matt Russo

Mailing Address 139 Deep Valley Road

City

New Canaan

State

CT

Zip Code

06840-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	9

Transaction ID: 20091105152043-64

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 391 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Matt Russo

Mailing Address 139 Deep Valley Road

City

New Canaan

State

CT

Zip Code

06840-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-64

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Stephen G. Ruys

Mailing Address 2336 N 90th Street

City

Wauwatosa

State

WI

Zip Code

53226-1829

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-909-15-1

Amount of Each Receipt this Period

14.00

C.

Full Name (Last, First, Middle Initial)

Stephen G. Ruys

Mailing Address 2336 N 90th Street

City

Wauwatosa

State

WI

Zip Code

53226-1829

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-904-17-1

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)

236.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 392 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Stephen G. Ruys

Mailing Address 2336 N 90th Street

City

Wauwatosa

State

WI

Zip Code

53226-1829

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-831

Amount of Each Receipt this Period

14.00

B.

Full Name (Last, First, Middle Initial)

Stephen G. Ruys

Mailing Address 2336 N 90th Street

City

Wauwatosa

State

WI

Zip Code

53226-1829

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-830

Amount of Each Receipt this Period

14.00

C.

Full Name (Last, First, Middle Initial)

Stephen G. Ruys

Mailing Address 2336 N 90th Street

City

Wauwatosa

State

WI

Zip Code

53226-1829

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-830

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)

42.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 393 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Stephen G. Ruys

Mailing Address 2336 N 90th Street

City

Wauwatosa

State

WI

Zip Code

53226-1829

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-830

Amount of Each Receipt this Period

14.00

B.

Full Name (Last, First, Middle Initial)

Robert P Sarnecki

Mailing Address 16004 King Street

City

Overland Park

State

KS

Zip Code

66062-7508

FEC ID number of contributing
federal political committee.

C

Name of Employer
RPS Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.72

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1224-13-1

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Robert P Sarnecki

Mailing Address 16004 King Street

City

Overland Park

State

KS

Zip Code

66062-7508

FEC ID number of contributing
federal political committee.

C

Name of Employer
RPS Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.72

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1221-10-0

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

97.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 394 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert P Sarnecki

Mailing Address 16004 King Street

City

Overland Park

State

KS

Zip Code

66062-7508

FEC ID number of contributing
federal political committee.

C

Name of Employer
RPS Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.72

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-46-14-0

Amount of Each Receipt this Period

41.67

B.

Full Name (Last, First, Middle Initial)

Robert P Sarnecki

Mailing Address 16004 King Street

City

Overland Park

State

KS

Zip Code

66062-7508

FEC ID number of contributing
federal political committee.

C

Name of Employer
RPS Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.72

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-46-14-46

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Robert P Sarnecki

Mailing Address 16004 King Street

City

Overland Park

State

KS

Zip Code

66062-7508

FEC ID number of contributing
federal political committee.

C

Name of Employer
RPS Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.72

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-47-16-16

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

183.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 395 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert P Sarnecki

Mailing Address 16004 King Street

City

Overland Park

State

KS

Zip Code

66062-7508

FEC ID number of contributing
federal political committee.

C

Name of Employer
RPS Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.72

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-47

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Robert P Sarnecki

Mailing Address 16004 King Street

City

Overland Park

State

KS

Zip Code

66062-7508

FEC ID number of contributing
federal political committee.

C

Name of Employer
RPS Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.72

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-47

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Robert P Sarnecki

Mailing Address 16004 King Street

City

Overland Park

State

KS

Zip Code

66062-7508

FEC ID number of contributing
federal political committee.

C

Name of Employer
RPS Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.72

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-47

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 396 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert P Sarnecki

Mailing Address 16004 King Street

City

Overland Park

State

KS

Zip Code

66062-7508

FEC ID number of contributing
federal political committee.

C

Name of Employer
RPS Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.72

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-47

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Joseph M Savino

Mailing Address 8 Benedek Road

City

Princeton

State

NJ

Zip Code

08540-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1182-13-1

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Joseph M Savino

Mailing Address 8 Benedek Road

City

Princeton

State

NJ

Zip Code

08540-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1180-10-0

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

516.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 397 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Joseph M Savino

Mailing Address 8 Benedek Road

City

Princeton

State

NJ

Zip Code

08540-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-5-14-0

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Joseph M Savino

Mailing Address 8 Benedek Road

City

Princeton

State

NJ

Zip Code

08540-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-5-14-46

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Joseph M Savino

Mailing Address 8 Benedek Road

City

Princeton

State

NJ

Zip Code

08540-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-5-16-16

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 398 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Joseph M Savino

Mailing Address 8 Benedek Road

City

Princeton

State

NJ

Zip Code

08540-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-5

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Joseph M Savino

Mailing Address 8 Benedek Road

City

Princeton

State

NJ

Zip Code

08540-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-5

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Joseph M Savino

Mailing Address 8 Benedek Road

City

Princeton

State

NJ

Zip Code

08540-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-5

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 399 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Joseph M Savino

Mailing Address 8 Benedek Road

City

Princeton

State

NJ

Zip Code

08540-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-5

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Timothy G. Schaefer

Mailing Address 1013 E Lexington Blv

City

Whitefish Bay

State

WI

Zip Code

53217-5381

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Chief Information Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1446.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-881-13-0

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

Timothy G. Schaefer

Mailing Address 1013 E Lexington Blv

City

Whitefish Bay

State

WI

Zip Code

53217-5381

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Chief Information Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1446.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-879-10-0

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

348.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 400 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Timothy G. Schaefer

Mailing Address 1013 E Lexington Blv

City

Whitefish Bay

State

WI

Zip Code

53217-5381

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1446.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-946-14-15

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

Timothy G. Schaefer

Mailing Address 1013 E Lexington Blv

City

Whitefish Bay

State

WI

Zip Code

53217-5381

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1446.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-946-15-1

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

Timothy G. Schaefer

Mailing Address 1013 E Lexington Blv

City

Whitefish Bay

State

WI

Zip Code

53217-5381

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1446.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-941-17-1

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 401 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Timothy G. Schaefer

Mailing Address 1013 E Lexington Blv

City

Whitefish Bay

State

WI

Zip Code

53217-5381

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Chief Information Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1446.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: 20091008104013-868

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

Timothy G. Schaefer

Mailing Address 1013 E Lexington Blv

City

Whitefish Bay

State

WI

Zip Code

53217-5381

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Chief Information Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1446.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	9

Transaction ID: 20091015164625-867

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

Timothy G. Schaefer

Mailing Address 1013 E Lexington Blv

City

Whitefish Bay

State

WI

Zip Code

53217-5381

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Chief Information Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1446.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	9

Transaction ID: 20091105152628-867

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 402 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Timothy G. Schaefer

Mailing Address 1013 E Lexington Blv

City

Whitefish Bay

State

WI

Zip Code

53217-5381

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1446.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-867

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

Cal D. Schattschneider

Mailing Address 263 E Pine Hollow Lane

City

Oak Creek

State

WI

Zip Code

53154-7718

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir - Nb Lg Case

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1046

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Thomas F. Scheer

Mailing Address 4711 N Woodburn Street

City

Whitefish Bay

State

WI

Zip Code

53211-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-699-13-0

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional)

98.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 403 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Thomas F. Scheer

Mailing Address 4711 N Woodburn Street

City

Whitefish Bay

State

WI

Zip Code

53211-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-698-10-0

Amount of Each Receipt this Period

18.00

B.

Full Name (Last, First, Middle Initial)

Thomas F. Scheer

Mailing Address 4711 N Woodburn Street

City

Whitefish Bay

State

WI

Zip Code

53211-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-765-14-15

Amount of Each Receipt this Period

18.00

C.

Full Name (Last, First, Middle Initial)

Thomas F. Scheer

Mailing Address 4711 N Woodburn Street

City

Whitefish Bay

State

WI

Zip Code

53211-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-765-15-1

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional)

54.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 404 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Thomas F. Scheer

Mailing Address 4711 N Woodburn Street

City

Whitefish Bay

State

WI

Zip Code

53211-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-760-17-1

Amount of Each Receipt this Period

18.00

B.

Full Name (Last, First, Middle Initial)

Thomas F. Scheer

Mailing Address 4711 N Woodburn Street

City

Whitefish Bay

State

WI

Zip Code

53211-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-687

Amount of Each Receipt this Period

18.00

C.

Full Name (Last, First, Middle Initial)

Thomas F. Scheer

Mailing Address 4711 N Woodburn Street

City

Whitefish Bay

State

WI

Zip Code

53211-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-686

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional)

54.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 405 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Thomas F. Scheer

Mailing Address 4711 N Woodburn Street

City

Whitefish Bay

State

WI

Zip Code

53211-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-686

Amount of Each Receipt this Period

18.00

B.

Full Name (Last, First, Middle Initial)

Thomas F. Scheer

Mailing Address 4711 N Woodburn Street

City

Whitefish Bay

State

WI

Zip Code

53211-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-686

Amount of Each Receipt this Period

18.00

C.

Full Name (Last, First, Middle Initial)

John E. Schlifske

Mailing Address 8253 N River Road

City

River Hills

State

WI

Zip Code

53217-2546

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-789-13-0

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

244.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 406 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John E. Schlifske

Mailing Address 8253 N River Road

City

River Hills

State

WI

Zip Code

53217-2546

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-788-10-0

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

John E. Schlifske

Mailing Address 1500 Greenway Terrace

City

Elm Grove

State

WI

Zip Code

53122-1611

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-855-14-15

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

John E. Schlifske

Mailing Address 1500 Greenway Terrace

City

Elm Grove

State

WI

Zip Code

53122-1611

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-855-15-1

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 407 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John E. Schlifske

Mailing Address 1500 Greenway Terrace

City

Elm Grove

State

WI

Zip Code

53122-1611

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	9	

Transaction ID: 20090921-850-17-1

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

John E. Schlifske

Mailing Address 1500 Greenway Terrace

City

Elm Grove

State

WI

Zip Code

53122-1611

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	9	

Transaction ID: 20091008104013-777

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

John E. Schlifske

Mailing Address 1500 Greenway Terrace

City

Elm Grove

State

WI

Zip Code

53122-1611

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	9	

Transaction ID: 20091015164625-776

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 408 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John E. Schlifske

Mailing Address 1500 Greenway Terrace

City

Elm Grove

State

WI

Zip Code

53122-1611

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	9

Transaction ID: 20091105152628-776

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

John E. Schlifske

Mailing Address 1500 Greenway Terrace

City

Elm Grove

State

WI

Zip Code

53122-1611

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 2009111816423-776

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey S. Schlinsog

Mailing Address W73N412 Greystone Drive

City

Cedarburg

State

WI

Zip Code

53012-2281

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Dir Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	9

Transaction ID: 20090720-999-13-0

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)

440.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 409 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey S. Schlinsog

Mailing Address W73N412 Greystone Drive

City

Cedarburg

State

WI

Zip Code

53012-2281

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-997-10-0

Amount of Each Receipt this Period

24.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey S. Schlinsog

Mailing Address W73N412 Greystone Drive

City

Cedarburg

State

WI

Zip Code

53012-2281

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1064-14-15

Amount of Each Receipt this Period

24.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey S. Schlinsog

Mailing Address W73N412 Greystone Drive

City

Cedarburg

State

WI

Zip Code

53012-2281

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1064-15-1

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)

72.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 410 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey S. Schlinsog

Mailing Address W73N412 Greystone Drive

City

Cedarburg

State

WI

Zip Code

53012-2281

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1057-17-1

Amount of Each Receipt this Period

24.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey S. Schlinsog

Mailing Address W73N412 Greystone Drive

City

Cedarburg

State

WI

Zip Code

53012-2281

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-983

Amount of Each Receipt this Period

24.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey S. Schlinsog

Mailing Address W73N412 Greystone Drive

City

Cedarburg

State

WI

Zip Code

53012-2281

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-982

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)

72.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 411 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey S. Schlinsog

Mailing Address W73N412 Greystone Drive

City

Cedarburg

State

WI

Zip Code

53012-2281

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-982

Amount of Each Receipt this Period

24.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey S. Schlinsog

Mailing Address W73N412 Greystone Drive

City

Cedarburg

State

WI

Zip Code

53012-2281

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-981

Amount of Each Receipt this Period

24.00

C.

Full Name (Last, First, Middle Initial)

Kathleen H. Schluter

Mailing Address 5057 N Palisades Road

City

Whitefish Bay

State

WI

Zip Code

53217-5756

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Tax Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

651.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-791-13-0

Amount of Each Receipt this Period

31.00

SUBTOTAL of Receipts This Page (optional)

79.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 412 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kathleen H. Schluter

Mailing Address 5057 N Palisades Road

City

Whitefish Bay

State

WI

Zip Code

53217-5756

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Tax Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

651.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	9	

Transaction ID: 20090804-790-10-0

Amount of Each Receipt this Period

31.00

B.

Full Name (Last, First, Middle Initial)

Kathleen H. Schluter

Mailing Address 5057 N Palisades Road

City

Whitefish Bay

State

WI

Zip Code

53217-5756

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Tax Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

651.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	9	

Transaction ID: 20090819-857-14-15

Amount of Each Receipt this Period

31.00

C.

Full Name (Last, First, Middle Initial)

Kathleen H. Schluter

Mailing Address 5057 N Palisades Road

City

Whitefish Bay

State

WI

Zip Code

53217-5756

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Tax Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

651.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	9	

Transaction ID: 20090902-857-15-1

Amount of Each Receipt this Period

31.00

SUBTOTAL of Receipts This Page (optional)

93.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 413 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kathleen H. Schluter

Mailing Address 5057 N Palisades Road

City

Whitefish Bay

State

WI

Zip Code

53217-5756

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Tax Cnsl

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

651.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-852-17-1

Amount of Each Receipt this Period

31.00

B.

Full Name (Last, First, Middle Initial)

Kathleen H. Schluter

Mailing Address 5057 N Palisades Road

City

Whitefish Bay

State

WI

Zip Code

53217-5756

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Tax Cnsl

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

651.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-779

Amount of Each Receipt this Period

31.00

C.

Full Name (Last, First, Middle Initial)

Kathleen H. Schluter

Mailing Address 5057 N Palisades Road

City

Whitefish Bay

State

WI

Zip Code

53217-5756

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Tax Cnsl

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

651.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-778

Amount of Each Receipt this Period

31.00

SUBTOTAL of Receipts This Page (optional)

93.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 414 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kathleen H. Schluter

Mailing Address 5057 N Palisades Road

City

Whitefish Bay

State

WI

Zip Code

53217-5756

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Tax Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

651.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-778

Amount of Each Receipt this Period

31.00

B.

Full Name (Last, First, Middle Initial)

Kathleen H. Schluter

Mailing Address 5057 N Palisades Road

City

Whitefish Bay

State

WI

Zip Code

53217-5756

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Tax Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

651.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-778

Amount of Each Receipt this Period

31.00

C.

Full Name (Last, First, Middle Initial)

Calvin Robert Schmidt

Mailing Address W205 Allen Road

City

Oconomowoc

State

WI

Zip Code

53066-9048

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Inv Prod Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-817-13-0

Amount of Each Receipt this Period

57.00

SUBTOTAL of Receipts This Page (optional)

119.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 415 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Calvin Robert Schmidt

Mailing Address W205 Allen Road

City

Oconomowoc

State

WI

Zip Code

53066-9048

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Inv Prod Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-816-10-0

Amount of Each Receipt this Period

57.00

B.

Full Name (Last, First, Middle Initial)

Calvin Robert Schmidt

Mailing Address W205 Allen Road

City

Oconomowoc

State

WI

Zip Code

53066-9048

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Inv Prod Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-883-14-15

Amount of Each Receipt this Period

57.00

C.

Full Name (Last, First, Middle Initial)

Calvin Robert Schmidt

Mailing Address W205 Allen Road

City

Oconomowoc

State

WI

Zip Code

53066-9048

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Inv Prod Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-883-15-1

Amount of Each Receipt this Period

57.00

SUBTOTAL of Receipts This Page (optional)

171.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 416 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Calvin Robert Schmidt

Mailing Address W205 Allen Road

City

Oconomowoc

State

WI

Zip Code

53066-9048

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Inv Prod Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-878-17-1

Amount of Each Receipt this Period

57.00

B.

Full Name (Last, First, Middle Initial)

Calvin Robert Schmidt

Mailing Address W205 Allen Road

City

Oconomowoc

State

WI

Zip Code

53066-9048

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Inv Prod Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-805

Amount of Each Receipt this Period

57.00

C.

Full Name (Last, First, Middle Initial)

Calvin Robert Schmidt

Mailing Address W205 Allen Road

City

Oconomowoc

State

WI

Zip Code

53066-9048

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Inv Prod Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-804

Amount of Each Receipt this Period

57.00

SUBTOTAL of Receipts This Page (optional)

171.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 417 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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A.

Full Name (Last, First, Middle Initial)

Calvin Robert Schmidt

Mailing Address W205 Allen Road

City

Oconomowoc

State

WI

Zip Code

53066-9048

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Inv Prod Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-804

Amount of Each Receipt this Period

57.00

B.

Full Name (Last, First, Middle Initial)

Calvin Robert Schmidt

Mailing Address W205 Allen Road

City

Oconomowoc

State

WI

Zip Code

53066-9048

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Inv Prod Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-804

Amount of Each Receipt this Period

57.00

C.

Full Name (Last, First, Middle Initial)

Rodd Schneider

Mailing Address 1415 E Fairy Chasm R

City

Bayside

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Lit Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-543-13-0

Amount of Each Receipt this Period

27.00

SUBTOTAL of Receipts This Page (optional)

141.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 418 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Rodd Schneider

Mailing Address 1415 E Fairy Chasm R

City

Bayside

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Lit Cnsl

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-543-10-0

Amount of Each Receipt this Period

27.00

B.

Full Name (Last, First, Middle Initial)

Rodd Schneider

Mailing Address 1415 E Fairy Chasm R

City

Bayside

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Lit Cnsl

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-611-14-15

Amount of Each Receipt this Period

27.00

C.

Full Name (Last, First, Middle Initial)

Rodd Schneider

Mailing Address 1415 E Fairy Chasm R

City

Bayside

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Lit Cnsl

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-611-15-1

Amount of Each Receipt this Period

27.00

SUBTOTAL of Receipts This Page (optional)

81.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 419 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Rodd Schneider

Mailing Address 1415 E Fairy Chasm R

City

Bayside

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Lit Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-609-17-1

Amount of Each Receipt this Period

27.00

B.

Full Name (Last, First, Middle Initial)

Rodd Schneider

Mailing Address 1415 E Fairy Chasm R

City

Bayside

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Lit Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-535

Amount of Each Receipt this Period

27.00

C.

Full Name (Last, First, Middle Initial)

Rodd Schneider

Mailing Address 1415 E Fairy Chasm R

City

Bayside

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Lit Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-534

Amount of Each Receipt this Period

27.00

SUBTOTAL of Receipts This Page (optional)

81.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 420 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Rodd Schneider

Mailing Address 1415 E Fairy Chasm R

City

Bayside

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Lit Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	9

Transaction ID: 20091105152628-534

Amount of Each Receipt this Period

27.00

B.

Full Name (Last, First, Middle Initial)

Rodd Schneider

Mailing Address 1415 E Fairy Chasm R

City

Bayside

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Lit Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 2009111816423-535

Amount of Each Receipt this Period

27.00

C.

Full Name (Last, First, Middle Initial)

Todd M. Schoon

Mailing Address 923 E Kilbourn Ave # U

City

Milwaukee

State

WI

Zip Code

53202-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Sr VP Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	9

Transaction ID: 20090720-1112-13-0

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

262.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 421 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Todd M. Schoon

Mailing Address 923 E Kilbourn Ave # U

City

Milwaukee

State

WI

Zip Code

53202-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Sr VP Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1110-10-0

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Todd M. Schoon

Mailing Address 923 E Kilbourn Avenue U

City

Milwaukee

State

WI

Zip Code

53202-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Sr VP Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1176-14-15

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Todd M. Schoon

Mailing Address 923 E Kilbourn Avenue U

City

Milwaukee

State

WI

Zip Code

53202-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Sr VP Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1176-15-1

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 422 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Todd M. Schoon

Mailing Address 923 E Kilbourn Avenue U

City

Milwaukee

State

WI

Zip Code

53202-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Sr VP Agencies

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	9

Transaction ID: 20090921-1165-17-1

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Todd M. Schoon

Mailing Address 923 E Kilbourn Avenue U

City

Milwaukee

State

WI

Zip Code

53202-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Sr VP Agencies

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: 20091008104013-1092

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Todd M. Schoon

Mailing Address 923 E Kilbourn Avenue U

City

Milwaukee

State

WI

Zip Code

53202-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Sr VP Agencies

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Transaction ID: 20091015164625-1090

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 423 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Todd M. Schoon

Mailing Address 923 E Kilbourn Avenue U

City

Milwaukee

State

WI

Zip Code

53202-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Sr VP Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-1090

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Todd M. Schoon

Mailing Address 923 E Kilbourn Avenue U

City

Milwaukee

State

WI

Zip Code

53202-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Sr VP Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1089

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Brad P Seitzinger

Mailing Address 1672 Chieftan Circle

City

Oxford

State

MI

Zip Code

48371-6095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seitzinger FncI Gp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

932.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1227-13-1

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

458.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 424 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Brad P Seitzinger

Mailing Address 1672 Chieftan Circle

City

Oxford

State

MI

Zip Code

48371-6095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seitzinger Fncl Gp Inc

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

932.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1224-10-0

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Brad P Seitzinger

Mailing Address 1672 Chieftan Circle

City

Oxford

State

MI

Zip Code

48371-6095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seitzinger Fncl Gp Inc

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

932.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-49-14-0

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Brad P Seitzinger

Mailing Address 1672 Chieftan Circle

City

Oxford

State

MI

Zip Code

48371-6095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seitzinger Fncl Gp Inc

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

932.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-49-14-46

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 425 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Brad P Seitzinger

Mailing Address 1672 Chieftan Circle

City

Oxford

State

MI

Zip Code

48371-6095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seitzinger Fncl Gp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

932.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-50-16-16

Amount of Each Receipt this Period

52.00

B.

Full Name (Last, First, Middle Initial)

Brad P Seitzinger

Mailing Address 1672 Chieftan Circle

City

Oxford

State

MI

Zip Code

48371-6095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seitzinger Fncl Gp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

932.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-50

Amount of Each Receipt this Period

52.00

C.

Full Name (Last, First, Middle Initial)

Brad P Seitzinger

Mailing Address 1672 Chieftan Circle

City

Oxford

State

MI

Zip Code

48371-6095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seitzinger Fncl Gp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

932.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-50

Amount of Each Receipt this Period

52.00

SUBTOTAL of Receipts This Page (optional)

156.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 426 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Brad P Seitzinger

Mailing Address 1672 Chieftan Circle

City

Oxford

State

MI

Zip Code

48371-6095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seitzinger Fncl Gp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

932.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-50

Amount of Each Receipt this Period

52.00

B.

Full Name (Last, First, Middle Initial)

Brad P Seitzinger

Mailing Address 1672 Chieftan Circle

City

Oxford

State

MI

Zip Code

48371-6095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seitzinger Fncl Gp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

932.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-50

Amount of Each Receipt this Period

52.00

C.

Full Name (Last, First, Middle Initial)

Catherine L. Shaw

Mailing Address 7720 Rogers Avenue

City

Wauwatosa

State

WI

Zip Code

53213-1748

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-897

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

114.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 427 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David W. Simbro

Mailing Address 311 E Erie Street Unit 4

City

Milwaukee

State

WI

Zip Code

53202-6040

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Life Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1101-13-0

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

David W. Simbro

Mailing Address 311 E Erie Street Unit 4

City

Milwaukee

State

WI

Zip Code

53202-6040

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Life Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1099-10-0

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

David W. Simbro

Mailing Address 311 E Erie Street Unit 4

City

Milwaukee

State

WI

Zip Code

53202-6040

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Life Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1165-14-15

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 428 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David W. Simbro

Mailing Address 311 E Erie Street Unit 4

City

Milwaukee

State

WI

Zip Code

53202-6040

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Life Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	9

Transaction ID: 20090902-1165-15-1

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

David W. Simbro

Mailing Address 311 E Erie Street Unit 4

City

Milwaukee

State

WI

Zip Code

53202-6040

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Life Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	9

Transaction ID: 20090921-1154-17-1

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

David W. Simbro

Mailing Address 311 E Erie Street Unit 4

City

Milwaukee

State

WI

Zip Code

53202-6040

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Life Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: 20091008104013-1081

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 429 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David W. Simbro

Mailing Address 311 E Erie Street Unit 4

City

Milwaukee

State

WI

Zip Code

53202-6040

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Life Products

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-1079

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

David W. Simbro

Mailing Address 311 E Erie Street Unit 4

City

Milwaukee

State

WI

Zip Code

53202-6040

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Life Products

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-1079

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

David W. Simbro

Mailing Address 311 E Erie Street Unit 4

City

Milwaukee

State

WI

Zip Code

53202-6040

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Life Products

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1078

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 430 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Paul W. Skalecki

Mailing Address W69N463 Fox Pointe A

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Uw Standards

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-904-13-0

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Paul W. Skalecki

Mailing Address W69N463 Fox Pointe A

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Uw Standards

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-902-10-0

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Paul W. Skalecki

Mailing Address W69N463 Fox Pointe A

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Uw Standards

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-969-14-15

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 431 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Paul W. Skalecki

Mailing Address W69N463 Fox Pointe A

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Uw Standards

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-969-15-1

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Paul W. Skalecki

Mailing Address W69N463 Fox Pointe A

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Uw Standards

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-964-17-1

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Paul W. Skalecki

Mailing Address W69N463 Fox Pointe A

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Uw Standards

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-891

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 432 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Paul W. Skalecki

Mailing Address W69N463 Fox Pointe A

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Uw Standards

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-890

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Paul W. Skalecki

Mailing Address W69N463 Fox Pointe A

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Uw Standards

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-890

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Paul W. Skalecki

Mailing Address W69N463 Fox Pointe A

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Uw Standards

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-890

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 433 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark W. Smith

Mailing Address 614 Park Crest Drive

City

Thiensville

State

WI

Zip Code

53092-1423

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	9	

Transaction ID: 20090720-906-13-0

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mark W. Smith

Mailing Address 614 Park Crest Drive

City

Thiensville

State

WI

Zip Code

53092-1423

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	9	

Transaction ID: 20090804-904-10-0

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Mark W. Smith

Mailing Address 614 Park Crest Drive

City

Thiensville

State

WI

Zip Code

53092-1423

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	9	

Transaction ID: 20090819-971-14-15

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 434 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark W. Smith

Mailing Address 614 Park Crest Drive

City

Thiensville

State

WI

Zip Code

53092-1423

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	9	

Transaction ID: 20090902-971-15-1

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mark W. Smith

Mailing Address 614 Park Crest Drive

City

Thiensville

State

WI

Zip Code

53092-1423

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	9	

Transaction ID: 20090921-966-17-1

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Mark W. Smith

Mailing Address 614 Park Crest Drive

City

Thiensville

State

WI

Zip Code

53092-1423

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	9	

Transaction ID: 20091008104013-893

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 435 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark W. Smith

Mailing Address 614 Park Crest Drive

City

Thiensville

State

WI

Zip Code

53092-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-892

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mark W. Smith

Mailing Address 614 Park Crest Drive

City

Thiensville

State

WI

Zip Code

53092-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-892

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Mark W. Smith

Mailing Address 614 Park Crest Drive

City

Thiensville

State

WI

Zip Code

53092-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-892

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 436 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Richard P. Snyder

Mailing Address 909 Fairview Avenue

City

South Milwaukee

State

WI

Zip Code

53172-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Distribution Plng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	9	

Transaction ID: 20090902-737-15-1

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Richard P. Snyder

Mailing Address 909 Fairview Avenue

City

South Milwaukee

State

WI

Zip Code

53172-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Distribution Plng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	9	

Transaction ID: 20090921-733-17-1

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Richard P. Snyder

Mailing Address 909 Fairview Avenue

City

South Milwaukee

State

WI

Zip Code

53172-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Distribution Plng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	9	

Transaction ID: 20091008104013-660

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 437 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Richard P. Snyder

Mailing Address 909 Fairview Avenue

City

South Milwaukee

State

WI

Zip Code

53172-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Distribution Plng

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	9

Transaction ID: 20091015164625-659

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Richard P. Snyder

Mailing Address 909 Fairview Avenue

City

South Milwaukee

State

WI

Zip Code

53172-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Distribution Plng

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	9

Transaction ID: 20091105152628-659

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Richard P. Snyder

Mailing Address 909 Fairview Avenue

City

South Milwaukee

State

WI

Zip Code

53172-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Distribution Plng

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	0	9

Transaction ID: 2009111816423-659

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 438 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steve P. Sperka

Mailing Address S68W18088 Island Drive

City

Muskego

State

WI

Zip Code

53150-9090

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Ltc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-820-10-0

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Steve P. Sperka

Mailing Address S67W17735 Copper Oak

City

Muskego

State

WI

Zip Code

53150-7503

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Ltc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-887-14-15

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Steve P. Sperka

Mailing Address S67W17735 Copper Oak

City

Muskego

State

WI

Zip Code

53150-7503

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Ltc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-887-15-1

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 439 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steve P. Sperka

Mailing Address S67W17735 Copper Oak

City

Muskego

State

WI

Zip Code

53150-7503

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Ltc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-882-17-1

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Steve P. Sperka

Mailing Address S67W17735 Copper Oak

City

Muskego

State

WI

Zip Code

53150-7503

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Ltc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-809

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Steve P. Sperka

Mailing Address S67W17735 Copper Oak

City

Muskego

State

WI

Zip Code

53150-7503

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Ltc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-808

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 440 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steve P. Sperka

Mailing Address S67W17735 Copper Oak

City

Muskego

State

WI

Zip Code

53150-7503

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Ltc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-808

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Steve P. Sperka

Mailing Address S67W17735 Copper Oak

City

Muskego

State

WI

Zip Code

53150-7503

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Ltc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-808

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Robert L Spinks

Mailing Address 305 Waterbury Cove

City

Jackson

State

MS

Zip Code

39232-8692

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1189-13-1

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

55.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 441 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert L Spinks

Mailing Address 305 Waterbury Cove

City

Jackson

State

MS

Zip Code

39232-8692

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1187-10-0

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Robert L Spinks

Mailing Address 305 Waterbury Cove

City

Jackson

State

MS

Zip Code

39232-8692

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-12-14-0

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Robert L Spinks

Mailing Address 305 Waterbury Cove

City

Jackson

State

MS

Zip Code

39232-8692

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-12-14-46

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 442 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert L Spinks

Mailing Address 305 Waterbury Cove

City

Jackson

State

MS

Zip Code

39232-8692

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-12-16-16

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Robert L Spinks

Mailing Address 305 Waterbury Cove

City

Jackson

State

MS

Zip Code

39232-8692

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-12

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Robert L Spinks

Mailing Address 305 Waterbury Cove

City

Jackson

State

MS

Zip Code

39232-8692

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-12

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 443 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert L Spinks

Mailing Address 305 Waterbury Cove

City

Jackson

State

MS

Zip Code

39232-8692

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	9	

Transaction ID: 20091105152043-12

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Robert L Spinks

Mailing Address 305 Waterbury Cove

City

Jackson

State

MS

Zip Code

39232-8692

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	9	

Transaction ID: 20091118163132-12

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Paul J. Steffen

Mailing Address 10502 N Stone Creek

City

Mequon

State

WI

Zip Code

53092-5463

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Agencies

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	9	

Transaction ID: 20090720-544-13-0

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

134.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 444 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Paul J. Steffen

Mailing Address 10502 N Stone Creek

City

Mequon

State

WI

Zip Code

53092-5463

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-544-10-0

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Paul J. Steffen

Mailing Address 10502 N Stone Creek

City

Mequon

State

WI

Zip Code

53092-5463

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-612-14-15

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Paul J. Steffen

Mailing Address 10502 N Stone Creek

City

Mequon

State

WI

Zip Code

53092-5463

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-612-15-1

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 445 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Paul J. Steffen

Mailing Address 10502 N Stone Creek

City

Mequon

State

WI

Zip Code

53092-5463

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-610-17-1

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Paul J. Steffen

Mailing Address 10502 N Stone Creek

City

Mequon

State

WI

Zip Code

53092-5463

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-536

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Paul J. Steffen

Mailing Address 10502 N Stone Creek

City

Mequon

State

WI

Zip Code

53092-5463

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-535

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 446 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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A.

Full Name (Last, First, Middle Initial)

Paul J. Steffen

Mailing Address 10502 N Stone Creek

City

Mequon

State

WI

Zip Code

53092-5463

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	9	

Transaction ID: 20091105152628-535

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Paul J. Steffen

Mailing Address 10502 N Stone Creek

City

Mequon

State

WI

Zip Code

53092-5463

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	9	

Transaction ID: 2009111816423-536

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Jason Steigman

Mailing Address 2301 E Newton Avenue

City

Shorewood

State

WI

Zip Code

53211-2617

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	9	

Transaction ID: 20090720-631-13-0

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 447 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jason Steigman

Mailing Address 2301 E Newton Avenue

City

Shorewood

State

WI

Zip Code

53211-2617

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-631-10-0

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Jason Steigman

Mailing Address 2301 E Newton Avenue

City

Shorewood

State

WI

Zip Code

53211-2617

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-698-14-15

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Jason Steigman

Mailing Address 2301 E Newton Avenue

City

Shorewood

State

WI

Zip Code

53211-2617

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-698-15-1

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 448 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jason Steigman

Mailing Address 2301 E Newton Avenue

City

Shorewood

State

WI

Zip Code

53211-2617

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-694-17-1

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Jason Steigman

Mailing Address 2301 E Newton Avenue

City

Shorewood

State

WI

Zip Code

53211-2617

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-620

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Jason Steigman

Mailing Address 2301 E Newton Avenue

City

Shorewood

State

WI

Zip Code

53211-2617

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-619

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 449 / 574
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jason Steigman

Mailing Address 2301 E Newton Avenue

City

Shorewood

State

WI

Zip Code

53211-2617

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	9

Transaction ID: 20091105152628-619

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Jason Steigman

Mailing Address 2301 E Newton Avenue

City

Shorewood

State

WI

Zip Code

53211-2617

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	0	9

Transaction ID: 2009111816423-619

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

David G. Stoeffel

Mailing Address 6311 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53217-4343

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

VP Invest Prod Ln

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	9

Transaction ID: 20090720-907-13-0

Amount of Each Receipt this Period

29.00

SUBTOTAL of Receipts This Page (optional)

89.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 450 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David G. Stoeffel

Mailing Address 6311 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53217-4343

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Invest Prod Ln

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	9	

Transaction ID: 20090804-905-10-0

Amount of Each Receipt this Period

29.00

B.

Full Name (Last, First, Middle Initial)

David G. Stoeffel

Mailing Address 6311 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53217-4343

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Invest Prod Ln

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	9	

Transaction ID: 20090819-972-14-15

Amount of Each Receipt this Period

29.00

C.

Full Name (Last, First, Middle Initial)

David G. Stoeffel

Mailing Address 6311 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53217-4343

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Invest Prod Ln

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	9	

Transaction ID: 20090902-972-15-1

Amount of Each Receipt this Period

29.00

SUBTOTAL of Receipts This Page (optional)

87.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 451 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David G. Stoeffel

Mailing Address 6311 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53217-4343

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Invest Prod Ln

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	9

Transaction ID: 20090921-967-17-1

Amount of Each Receipt this Period

29.00

B.

Full Name (Last, First, Middle Initial)

David G. Stoeffel

Mailing Address 6311 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53217-4343

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Invest Prod Ln

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: 20091008104013-894

Amount of Each Receipt this Period

29.00

C.

Full Name (Last, First, Middle Initial)

David G. Stoeffel

Mailing Address 6311 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53217-4343

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Invest Prod Ln

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Transaction ID: 20091015164625-893

Amount of Each Receipt this Period

29.00

SUBTOTAL of Receipts This Page (optional)

87.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 452 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David G. Stoeffel

Mailing Address 6311 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53217-4343

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Invest Prod Ln

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-893

Amount of Each Receipt this Period

29.00

B.

Full Name (Last, First, Middle Initial)

David G. Stoeffel

Mailing Address 6311 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53217-4343

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Invest Prod Ln

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-893

Amount of Each Receipt this Period

29.00

C.

Full Name (Last, First, Middle Initial)

Stephen Robert Stone

Mailing Address N58 W24851 Cardinal

City

Sussex

State

WI

Zip Code

53089

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Inv Acctg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-697-13-0

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

73.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 453 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Stephen Robert Stone

Mailing Address N58 W24851 Cardinal

City

Sussex

State

WI

Zip Code

53089

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Inv Acctg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-696-10-0

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Stephen Robert Stone

Mailing Address N58 W24851 Cardinal

City

Sussex

State

WI

Zip Code

53089

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Inv Acctg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-763-14-15

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Stephen Robert Stone

Mailing Address N58 W24851 Cardinal

City

Sussex

State

WI

Zip Code

53089

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Inv Acctg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-763-15-1

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 454 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Stephen Robert Stone

Mailing Address N58 W24851 Cardinal

City

Sussex

State

WI

Zip Code

53089

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Inv Acctg

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-758-17-1

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Stephen Robert Stone

Mailing Address N58 W24851 Cardinal

City

Sussex

State

WI

Zip Code

53089

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Inv Acctg

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-685

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Stephen Robert Stone

Mailing Address N58 W24851 Cardinal

City

Sussex

State

WI

Zip Code

53089

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Inv Acctg

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-684

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 455 / 574
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Stephen Robert Stone

Mailing Address N58 W24851 Cardinal

City

Sussex

State

WI

Zip Code

53089

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Inv Acctg

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-684

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Stephen Robert Stone

Mailing Address N58 W24851 Cardinal

City

Sussex

State

WI

Zip Code

53089

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Inv Acctg

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-684

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Richard A. Strait

Mailing Address 9086 N Tennyson Drive

City

Bayside

State

WI

Zip Code

53217-1967

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1098-13-0

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

55.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 456 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Richard A. Strait

Mailing Address 9086 N Tennyson Drive

City

Bayside

State

WI

Zip Code

53217-1967

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1096-10-0

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Richard A. Strait

Mailing Address 9086 N Tennyson Drive

City

Bayside

State

WI

Zip Code

53217-1967

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1162-14-15

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Richard A. Strait

Mailing Address 9086 N Tennyson Drive

City

Bayside

State

WI

Zip Code

53217-1967

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1162-15-1

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 457 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Richard A. Strait

Mailing Address 9086 N Tennyson Drive

City

Bayside

State

WI

Zip Code

53217-1967

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1152-17-1

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Richard A. Strait

Mailing Address 9086 N Tennyson Drive

City

Bayside

State

WI

Zip Code

53217-1967

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-1079

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Richard A. Strait

Mailing Address 9086 N Tennyson Drive

City

Bayside

State

WI

Zip Code

53217-1967

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-1077

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 458 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Richard A. Strait

Mailing Address 9086 N Tennyson Drive

City

Bayside

State

WI

Zip Code

53217-1967

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-1077

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Richard A. Strait

Mailing Address 9086 N Tennyson Drive

City

Bayside

State

WI

Zip Code

53217-1967

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1076

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Steven J. Stribling

Mailing Address 11830 W Whitaker Avenue

City

Greenfield

State

WI

Zip Code

53228-2455

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director - Di Benefits

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1179-14-15

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 459 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steven J. Stribling

Mailing Address 11830 W Whitaker Avenue

City

Greenfield

State

WI

Zip Code

53228-2455

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director - Di Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	9	

Transaction ID: 20090902-1179-15-1

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Steven J. Stribling

Mailing Address 11830 W Whitaker Avenue

City

Greenfield

State

WI

Zip Code

53228-2455

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director - Di Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	9	

Transaction ID: 20090921-1168-17-1

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Steven J. Stribling

Mailing Address 11830 W Whitaker Avenue

City

Greenfield

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WI

Zip Code

53228-2455

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director - Di Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	9	

Transaction ID: 20091008104013-1095

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 460 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steven J. Stribling

Mailing Address 11830 W Whitaker Avenue

City

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State

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53228-2455

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director - Di Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-1093

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Steven J. Stribling

Mailing Address 11830 W Whitaker Avenue

City

Greenfield

State

WI

Zip Code

53228-2455

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director - Di Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-1093

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Steven J. Stribling

Mailing Address 11830 W Whitaker Avenue

City

Greenfield

State

WI

Zip Code

53228-2455

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director - Di Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1092

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 461 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Stephen J. Strommen

Mailing Address 7410 N Range Line Road

City

Glendale

State

WI

Zip Code

53209-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Sr Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-789-10-0

Amount of Each Receipt this Period

18.00

B.

Full Name (Last, First, Middle Initial)

Stephen J. Strommen

Mailing Address 7410 N Range Line Road

City

Glendale

State

WI

Zip Code

53209-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Sr Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-856-14-15

Amount of Each Receipt this Period

18.00

C.

Full Name (Last, First, Middle Initial)

Stephen J. Strommen

Mailing Address 7410 N Range Line Road

City

Glendale

State

WI

Zip Code

53209-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Sr Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-856-15-1

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional)

54.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Stephen J. Strommen

Mailing Address 7410 N Range Line Road

City

Glendale

State

WI

Zip Code

53209-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Sr Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-851-17-1

Amount of Each Receipt this Period

18.00

B.

Full Name (Last, First, Middle Initial)

Stephen J. Strommen

Mailing Address 7410 N Range Line Road

City

Glendale

State

WI

Zip Code

53209-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Sr Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-778

Amount of Each Receipt this Period

18.00

C.

Full Name (Last, First, Middle Initial)

Stephen J. Strommen

Mailing Address 7410 N Range Line Road

City

Glendale

State

WI

Zip Code

53209-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Sr Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-777

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional)

54.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 463 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Stephen J. Strommen

Mailing Address 7410 N Range Line Road

City

Glendale

State

WI

Zip Code

53209-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Sr Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-777

Amount of Each Receipt this Period

18.00

B.

Full Name (Last, First, Middle Initial)

Stephen J. Strommen

Mailing Address 7410 N Range Line Road

City

Glendale

State

WI

Zip Code

53209-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Sr Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-777

Amount of Each Receipt this Period

18.00

C.

Full Name (Last, First, Middle Initial)

Daphne C Stroud

Mailing Address 150 Fernwood Drive

City

East Greenwich

State

RI

Zip Code

02818-1616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern NE Group LLC

Occupation
Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1240-13-1

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

78.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 464 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Daphne C Stroud

Mailing Address 150 Fernwood Drive

City

East Greenwich

State

RI

Zip Code

02818-1616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern NE Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	9	

Transaction ID: 20090804-1237-10-0

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Daphne C Stroud

Mailing Address 150 Fernwood Drive

City

East Greenwich

State

RI

Zip Code

02818-1616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern NE Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	9	

Transaction ID: 20090819-62-14-0

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Daphne C Stroud

Mailing Address 150 Fernwood Drive

City

East Greenwich

State

RI

Zip Code

02818-1616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern NE Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	9	

Transaction ID: 20090902-62-14-46

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 465 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Daphne C Stroud

Mailing Address 150 Fernwood Drive

City

East Greenwich

State

RI

Zip Code

02818-1616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern NE Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-66-16-16

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Daphne C Stroud

Mailing Address 150 Fernwood Drive

City

East Greenwich

State

RI

Zip Code

02818-1616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern NE Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-66

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Daphne C Stroud

Mailing Address 150 Fernwood Drive

City

East Greenwich

State

RI

Zip Code

02818-1616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern NE Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-66

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Daphne C Stroud

Mailing Address 150 Fernwood Drive

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East Greenwich

State

RI

Zip Code

02818-1616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern NE Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-66

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Daphne C Stroud

Mailing Address 150 Fernwood Drive

City

East Greenwich

State

RI

Zip Code

02818-1616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern NE Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-66

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Theodore H. Strupp

Mailing Address 9411 Harding Boulevard

City

Wauwatosa

State

WI

Zip Code

53226-1722

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Comm Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-804

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

99.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 467 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Theodore H. Strupp

Mailing Address 9411 Harding Boulevard

City

Wauwatosa

State

WI

Zip Code

53226-1722

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Comm Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-803

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Theodore H. Strupp

Mailing Address 9411 Harding Boulevard

City

Wauwatosa

State

WI

Zip Code

53226-1722

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Comm Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-803

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Theodore H. Strupp

Mailing Address 9411 Harding Boulevard

City

Wauwatosa

State

WI

Zip Code

53226-1722

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Comm Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-803

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Christopher P. Swain

Mailing Address 10927 N Wyngate Trail

City

Mequon

State

WI

Zip Code

53092-5862

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-845

Amount of Each Receipt this Period

10.42

B.

Full Name (Last, First, Middle Initial)

Christopher P. Swain

Mailing Address 10927 N Wyngate Trail

City

Mequon

State

WI

Zip Code

53092-5862

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-845

Amount of Each Receipt this Period

10.42

C.

Full Name (Last, First, Middle Initial)

Rachel L. Taknint

Mailing Address 4733 N Cumberland Bl

City

Whitefish Bay

State

WI

Zip Code

53211-1140

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Info Risk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-851-13-0

Amount of Each Receipt this Period

28.00

SUBTOTAL of Receipts This Page (optional)

48.84

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 469 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Rachel L. Taknint

Mailing Address 4733 N Cumberland Bl

City

Whitefish Bay

State

WI

Zip Code

53211-1140

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Info Risk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-850-10-0

Amount of Each Receipt this Period

28.00

B.

Full Name (Last, First, Middle Initial)

Rachel L. Taknint

Mailing Address 4733 N Cumberland Bl

City

Whitefish Bay

State

WI

Zip Code

53211-1140

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Info Risk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-917-14-15

Amount of Each Receipt this Period

28.00

C.

Full Name (Last, First, Middle Initial)

Rachel L. Taknint

Mailing Address 4733 N Cumberland Bl

City

Whitefish Bay

State

WI

Zip Code

53211-1140

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Info Risk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-917-15-1

Amount of Each Receipt this Period

28.00

SUBTOTAL of Receipts This Page (optional)

84.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 470 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Rachel L. Taknint

Mailing Address 4733 N Cumberland Bl

City

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State

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53211-1140

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Info Risk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-912-17-1

Amount of Each Receipt this Period

28.00

B.

Full Name (Last, First, Middle Initial)

Rachel L. Taknint

Mailing Address 4733 N Cumberland Bl

City

Whitefish Bay

State

WI

Zip Code

53211-1140

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Info Risk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-839

Amount of Each Receipt this Period

28.00

C.

Full Name (Last, First, Middle Initial)

Rachel L. Taknint

Mailing Address 4733 N Cumberland Bl

City

Whitefish Bay

State

WI

Zip Code

53211-1140

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Info Risk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-838

Amount of Each Receipt this Period

28.00

SUBTOTAL of Receipts This Page (optional)

84.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 471 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Rachel L. Taknint

Mailing Address 4733 N Cumberland Bl

City

Whitefish Bay

State

WI

Zip Code

53211-1140

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Info Risk Mgmt

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-838

Amount of Each Receipt this Period

28.00

B.

Full Name (Last, First, Middle Initial)

Rachel L. Taknint

Mailing Address 4733 N Cumberland Bl

City

Whitefish Bay

State

WI

Zip Code

53211-1140

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Info Risk Mgmt

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-838

Amount of Each Receipt this Period

28.00

C.

Full Name (Last, First, Middle Initial)

Thomas Talajkowski

Mailing Address 1550 East Cumberland

City

Whitefish Bay

State

WI

Zip Code

53211-1141

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Product Support

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-876

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

66.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 472 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Joe P Teague

Mailing Address 2613 N Dundee Street

City

Tampa

State

FL

Zip Code

33629-7516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Teague Fnc'l Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1470.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1192-13-1

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

Joe P Teague

Mailing Address 2613 N Dundee Street

City

Tampa

State

FL

Zip Code

33629-7516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Teague Fnc'l Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1470.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1190-10-0

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

Joe P Teague

Mailing Address 2613 N Dundee Street

City

Tampa

State

FL

Zip Code

33629-7516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Teague Fnc'l Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1470.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-15-14-0

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 473 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Joe P Teague

Mailing Address 2613 N Dundee Street

City

Tampa

State

FL

Zip Code

33629-7516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Teague Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1470.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-15-14-46

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

Joe P Teague

Mailing Address 2613 N Dundee Street

City

Tampa

State

FL

Zip Code

33629-7516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Teague Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1470.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-15-16-16

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

Joe P Teague

Mailing Address 2613 N Dundee Street

City

Tampa

State

FL

Zip Code

33629-7516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Teague Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1470.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-15

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 474 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Joe P Teague

Mailing Address 2613 N Dundee Street

City

Tampa

State

FL

Zip Code

33629-7516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Teague Fnc'l Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1470.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-15

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

Joe P Teague

Mailing Address 2613 N Dundee Street

City

Tampa

State

FL

Zip Code

33629-7516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Teague Fnc'l Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1470.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-15

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

Joe P Teague

Mailing Address 2613 N Dundee Street

City

Tampa

State

FL

Zip Code

33629-7516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Teague Fnc'l Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1470.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-15

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 475 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Michael F Tews

Mailing Address 609 S 249th Circle

City

Waterloo

State

NE

Zip Code

68069-4432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tews Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1211-13-1

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Michael F Tews

Mailing Address 609 S 249th Circle

City

Waterloo

State

NE

Zip Code

68069-4432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tews Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1208-10-0

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Michael F Tews

Mailing Address 609 S 249th Circle

City

Waterloo

State

NE

Zip Code

68069-4432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tews Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-33-14-0

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 476 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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Waterloo

State

NE

Zip Code

68069-4432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tews Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	9	

Transaction ID: 20090902-33-14-46

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Michael F Tews

Mailing Address 609 S 249th Circle

City

Waterloo

State

NE

Zip Code

68069-4432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tews Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	9	

Transaction ID: 20090921-33-16-16

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Michael F Tews

Mailing Address 609 S 249th Circle

City

Waterloo

State

NE

Zip Code

68069-4432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tews Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	9	

Transaction ID: 20091008103448-33

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 477 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Michael F Tews

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City

Waterloo

State

NE

Zip Code

68069-4432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tews Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-33

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Michael F Tews

Mailing Address 609 S 249th Circle

City

Waterloo

State

NE

Zip Code

68069-4432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tews Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-33

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Michael F Tews

Mailing Address 609 S 249th Circle

City

Waterloo

State

NE

Zip Code

68069-4432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tews Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-33

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 478 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City

Castle Rock

State

CO

Zip Code

80108-9148

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	9	

Transaction ID: 20090720-1220-13-1

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City

Castle Rock

State

CO

Zip Code

80108-9148

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	9	

Transaction ID: 20090804-1217-10-0

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City

Castle Rock

State

CO

Zip Code

80108-9148

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	9	

Transaction ID: 20090819-42-14-0

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 479 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City

Castle Rock

State

CO

Zip Code

80108-9148

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	9

Transaction ID: 20090902-42-14-46

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City

Castle Rock

State

CO

Zip Code

80108-9148

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	9

Transaction ID: 20090921-43-16-16

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City

Castle Rock

State

CO

Zip Code

80108-9148

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: 20091008103448-43

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 480 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City

Castle Rock

State

CO

Zip Code

80108-9148

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-43

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City

Castle Rock

State

CO

Zip Code

80108-9148

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-43

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City

Castle Rock

State

CO

Zip Code

80108-9148

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-43

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 481 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Douglas D. Timmer

Mailing Address 633 W McIntosh Lane

City

Mequon

State

WI

Zip Code

53092-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2009

Transaction ID: 20090720-975-13-0

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Douglas D. Timmer

Mailing Address 633 W McIntosh Lane

City

Mequon

State

WI

Zip Code

53092-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2009

Transaction ID: 20090804-973-10-0

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Douglas D. Timmer

Mailing Address 633 W McIntosh Lane

City

Mequon

State

WI

Zip Code

53092-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 15 / 2009

Transaction ID: 20090819-1040-14-15

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 482 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Douglas D. Timmer

Mailing Address 633 W McIntosh Lane

City

Mequon

State

WI

Zip Code

53092-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1040-15-1

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Douglas D. Timmer

Mailing Address 633 W McIntosh Lane

City

Mequon

State

WI

Zip Code

53092-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1033-17-1

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Douglas D. Timmer

Mailing Address 633 W McIntosh Lane

City

Mequon

State

WI

Zip Code

53092-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-1009

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 483 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Douglas D. Timmer

Mailing Address 633 W McIntosh Lane

City

Mequon

State

WI

Zip Code

53092-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-1008

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Douglas D. Timmer

Mailing Address 633 W McIntosh Lane

City

Mequon

State

WI

Zip Code

53092-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-1008

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Douglas D. Timmer

Mailing Address 633 W McIntosh Lane

City

Mequon

State

WI

Zip Code

53092-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1007

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 484 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Alessandro J Tronco

Mailing Address 5 N Point Drive

City

Cohoes

State

NY

Zip Code

12047-3823

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-68

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Chris G. Trost

Mailing Address 1218 E Olive Street

City

Shorewood

State

WI

Zip Code

53211-1825

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Sr Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-697-15-1

Amount of Each Receipt this Period

18.00

C.

Full Name (Last, First, Middle Initial)

Chris G. Trost

Mailing Address 1218 E Olive Street

City

Shorewood

State

WI

Zip Code

53211-1825

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Sr Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-693-17-1

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional)

78.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 485 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Chris G. Trost

Mailing Address 1218 E Olive Street

City

Shorewood

State

WI

Zip Code

53211-1825

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Sr Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-619

Amount of Each Receipt this Period

18.00

B.

Full Name (Last, First, Middle Initial)

Chris G. Trost

Mailing Address 1218 E Olive Street

City

Shorewood

State

WI

Zip Code

53211-1825

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Sr Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-618

Amount of Each Receipt this Period

18.00

C.

Full Name (Last, First, Middle Initial)

Chris G. Trost

Mailing Address 1218 E Olive Street

City

Shorewood

State

WI

Zip Code

53211-1825

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Sr Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-618

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional)

54.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 486 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Chris G. Trost

Mailing Address 1218 E Olive Street

City

Shorewood

State

WI

Zip Code

53211-1825

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Sr Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 2009111816423-618

Amount of Each Receipt this Period

18.00

B.

Full Name (Last, First, Middle Initial)

Leo C Tucker

Mailing Address 605 Potomac River Road

City

Mc Lean

State

VA

Zip Code

22102-1402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	9

Transaction ID: 20090720-1234-13-1

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Leo C Tucker

Mailing Address 605 Potomac River Road

City

Mc Lean

State

VA

Zip Code

22102-1402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	9

Transaction ID: 20090804-1231-10-0

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

168.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 487 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Leo C Tucker

Mailing Address 605 Potomac River Road

City

Mc Lean

State

VA

Zip Code

22102-1402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-56-14-0

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Leo C Tucker

Mailing Address 605 Potomac River Road

City

Mc Lean

State

VA

Zip Code

22102-1402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-56-14-46

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Leo C Tucker

Mailing Address 605 Potomac River Road

City

Mc Lean

State

VA

Zip Code

22102-1402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-59-16-16

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 488 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Leo C Tucker

Mailing Address 605 Potomac River Road

City

Mc Lean

State

VA

Zip Code

22102-1402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-59

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Leo C Tucker

Mailing Address 605 Potomac River Road

City

Mc Lean

State

VA

Zip Code

22102-1402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-59

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Leo C Tucker

Mailing Address 605 Potomac River Road

City

Mc Lean

State

VA

Zip Code

22102-1402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-59

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 489 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Leo C Tucker

Mailing Address 605 Potomac River Road

City

Mc Lean

State

VA

Zip Code

22102-1402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-59

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Bruce K. Twomey

Mailing Address 1035B Oakwood Lane

City

Brookfield

State

WI

Zip Code

53045-2828

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Tech Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-604-17-1

Amount of Each Receipt this Period

11.00

C.

Full Name (Last, First, Middle Initial)

Bruce K. Twomey

Mailing Address 1035B Oakwood Lane

City

Brookfield

State

WI

Zip Code

53045-2828

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Tech Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-530

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)

97.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 490 / 574

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Bruce K. Twomey

Mailing Address 1035B Oakwood Lane

City

Brookfield

State

WI

Zip Code

53045-2828

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Tech Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-529

Amount of Each Receipt this Period

11.00

B.

Full Name (Last, First, Middle Initial)

Bruce K. Twomey

Mailing Address 1035B Oakwood Lane

City

Brookfield

State

WI

Zip Code

53045-2828

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Tech Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-529

Amount of Each Receipt this Period

11.00

C.

Full Name (Last, First, Middle Initial)

Bruce K. Twomey

Mailing Address 1035B Oakwood Lane

City

Brookfield

State

WI

Zip Code

53045-2828

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Tech Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-530

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)

33.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Donald G. Tyler

Mailing Address 4480 N Maryland

City

Shorewood

State

WI

Zip Code

53211-1651

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Ips Prod & Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1095-13-0

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Donald G. Tyler

Mailing Address 4480 N Maryland

City

Shorewood

State

WI

Zip Code

53211-1651

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Ips Prod & Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1093-10-0

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Donald G. Tyler

Mailing Address 4480 N Maryland

City

Shorewood

State

WI

Zip Code

53211-1651

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Ips Prod & Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1159-14-15

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 492 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Donald G. Tyler

Mailing Address 4480 N Maryland

City

Shorewood

State

WI

Zip Code

53211-1651

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Ips Prod & Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1159-15-1

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Donald G. Tyler

Mailing Address 4480 N Maryland

City

Shorewood

State

WI

Zip Code

53211-1651

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Ips Prod & Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1149-17-1

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Donald G. Tyler

Mailing Address 4480 N Maryland

City

Shorewood

State

WI

Zip Code

53211-1651

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Ips Prod & Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-1076

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 493 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Donald G. Tyler

Mailing Address 4480 N Maryland

City

Shorewood

State

WI

Zip Code

53211-1651

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Ips Prod & Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-1074

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Donald G. Tyler

Mailing Address 4480 N Maryland

City

Shorewood

State

WI

Zip Code

53211-1651

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Ips Prod & Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-1074

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Donald G. Tyler

Mailing Address 4480 N Maryland

City

Shorewood

State

WI

Zip Code

53211-1651

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Ips Prod & Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1073

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Martha M. Valerio

Mailing Address 6048 N Lydell

City

Whitefish Bay

State

WI

Zip Code

53217-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Info Security Ofcr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: A052BDE595A21420C1E

Amount of Each Receipt this Period

12.00

B.

Full Name (Last, First, Middle Initial)

Martha M. Valerio

Mailing Address 6048 N Lydell

City

Whitefish Bay

State

WI

Zip Code

53217-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Info Security Ofcr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 329273CBA7AC7E9F992

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

Martha M. Valerio

Mailing Address 6048 N Lydell

City

Whitefish Bay

State

WI

Zip Code

53217-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Info Security Ofcr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: B25C9342C062B04495D

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

36.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Martha M. Valerio

Mailing Address 6048 N Lydell

City

Whitefish Bay

State

WI

Zip Code

53217-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Info Security Ofcr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: F78ED27679E385D9DFD

Amount of Each Receipt this Period

12.00

B.

Full Name (Last, First, Middle Initial)

Martha M. Valerio

Mailing Address 6048 N Lydell

City

Whitefish Bay

State

WI

Zip Code

53217-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Info Security Ofcr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: F1C9612F7FA7CABE80A

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

Martha M. Valerio

Mailing Address 6048 N Lydell

City

Whitefish Bay

State

WI

Zip Code

53217-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Info Security Ofcr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: D29D23E2226A83CCDAB

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

36.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Martha M. Valerio

Mailing Address 6048 N Lydell

City

Whitefish Bay

State

WI

Zip Code

53217-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Info Security Ofcr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 46778266FB1E51EDCF9

Amount of Each Receipt this Period

12.00

B.

Full Name (Last, First, Middle Initial)

Martha M. Valerio

Mailing Address 6048 N Lydell

City

Whitefish Bay

State

WI

Zip Code

53217-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Info Security Ofcr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 53CD259CDFDB09BE89C

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

Martha M. Valerio

Mailing Address 6048 N Lydell

City

Whitefish Bay

State

WI

Zip Code

53217-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Info Security Ofcr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 623F62605BE5132E77D

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

36.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Patricia L. Van Kampen

Mailing Address 4520 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53211-1252

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Public Equities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2009

Transaction ID: 20090720-639-13-0

Amount of Each Receipt this Period

62.00

B.

Full Name (Last, First, Middle Initial)

Patricia L. Van Kampen

Mailing Address 4520 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53211-1252

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Public Equities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: 20090804-639-10-0

Amount of Each Receipt this Period

62.00

C.

Full Name (Last, First, Middle Initial)

Patricia L. Van Kampen

Mailing Address 4520 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53211-1252

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Public Equities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2009

Transaction ID: 20090819-706-14-15

Amount of Each Receipt this Period

62.00

SUBTOTAL of Receipts This Page (optional)

186.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 498 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Patricia L. Van Kampen

Mailing Address 4520 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53211-1252

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Public Equities

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-706-15-1

Amount of Each Receipt this Period

62.00

B.

Full Name (Last, First, Middle Initial)

Patricia L. Van Kampen

Mailing Address 4520 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53211-1252

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Public Equities

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-702-17-1

Amount of Each Receipt this Period

62.00

C.

Full Name (Last, First, Middle Initial)

Patricia L. Van Kampen

Mailing Address 4520 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53211-1252

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Public Equities

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-628

Amount of Each Receipt this Period

62.00

SUBTOTAL of Receipts This Page (optional)

186.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 499 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Patricia L. Van Kampen

Mailing Address 4520 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53211-1252

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Public Equities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-627

Amount of Each Receipt this Period

62.00

B.

Full Name (Last, First, Middle Initial)

Patricia L. Van Kampen

Mailing Address 4520 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53211-1252

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Public Equities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-627

Amount of Each Receipt this Period

62.00

C.

Full Name (Last, First, Middle Initial)

Patricia L. Van Kampen

Mailing Address 4520 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53211-1252

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Public Equities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-627

Amount of Each Receipt this Period

62.00

SUBTOTAL of Receipts This Page (optional)

186.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 500 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Janine L. Wagner

Mailing Address 1300 N Prospect Avenue

City

Milwaukee

State

WI

Zip Code

53202-3022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Director IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Transaction ID: 20091015164625-826

Amount of Each Receipt this Period

12.00

B.

Full Name (Last, First, Middle Initial)

Janine L. Wagner

Mailing Address 1300 N Prospect Avenue

City

Milwaukee

State

WI

Zip Code

53202-3022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Director IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	9

Transaction ID: 20091105152628-826

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

Janine L. Wagner

Mailing Address 1300 N Prospect Avenue

City

Milwaukee

State

WI

Zip Code

53202-3022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Director IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 2009111816423-826

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

36.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 501 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert J Waltos, Jr.

Mailing Address 7 Castaways N

City

Newport Beach

State

CA

Zip Code

92660-8403

FEC ID number of contributing
federal political committee.

C

Name of Employer
RJ Waltos Ins Ser Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1203-13-1

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Robert J Waltos, Jr.

Mailing Address 7 Castaways N

City

Newport Beach

State

CA

Zip Code

92660-8403

FEC ID number of contributing
federal political committee.

C

Name of Employer
RJ Waltos Ins Ser Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1201-10-0

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Robert J Waltos, Jr.

Mailing Address 7 Castaways N

City

Newport Beach

State

CA

Zip Code

92660-8403

FEC ID number of contributing
federal political committee.

C

Name of Employer
RJ Waltos Ins Ser Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-26-14-0

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 502 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert J Waltos, Jr.

Mailing Address 7 Castaways N

City

Newport Beach

State

CA

Zip Code

92660-8403

FEC ID number of contributing
federal political committee.

C

Name of Employer
RJ Waltos Ins Ser Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-26-14-46

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Robert J Waltos, Jr.

Mailing Address 7 Castaways N

City

Newport Beach

State

CA

Zip Code

92660-8403

FEC ID number of contributing
federal political committee.

C

Name of Employer
RJ Waltos Ins Ser Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-26-16-16

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Robert J Waltos, Jr.

Mailing Address 7 Castaways N

City

Newport Beach

State

CA

Zip Code

92660-8403

FEC ID number of contributing
federal political committee.

C

Name of Employer
RJ Waltos Ins Ser Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-26

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 503 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert J Waltos, Jr.

Mailing Address 7 Castaways N

City

Newport Beach

State

CA

Zip Code

92660-8403

FEC ID number of contributing
federal political committee.

C

Name of Employer
RJ Waltos Ins Ser Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-26

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Robert J Waltos, Jr.

Mailing Address 7 Castaways N

City

Newport Beach

State

CA

Zip Code

92660-8403

FEC ID number of contributing
federal political committee.

C

Name of Employer
RJ Waltos Ins Ser Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-26

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Robert J Waltos, Jr.

Mailing Address 7 Castaways N

City

Newport Beach

State

CA

Zip Code

92660-8403

FEC ID number of contributing
federal political committee.

C

Name of Employer
RJ Waltos Ins Ser Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-26

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 504 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gregory J. Walz

Mailing Address 130 S Water Street Apt. 4

City

Milwaukee

State

WI

Zip Code

53204-1499

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1026

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Philip Andrew Ware

Mailing Address 7900 N Berwyn Avenue

City

Glendale

State

WI

Zip Code

53209-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-524-13-0

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Philip Andrew Ware

Mailing Address 7900 N Berwyn Avenue

City

Glendale

State

WI

Zip Code

53209-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-524-10-0

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 505 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Philip Andrew Ware

Mailing Address 7900 N Berwyn Avenue

City

Glendale

State

WI

Zip Code

53209-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-592-14-15

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Philip Andrew Ware

Mailing Address 7900 N Berwyn Avenue

City

Glendale

State

WI

Zip Code

53209-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-592-15-1

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Philip Andrew Ware

Mailing Address 7900 N Berwyn Avenue

City

Glendale

State

WI

Zip Code

53209-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-590-17-1

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 506 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Philip Andrew Ware

Mailing Address 7900 N Berwyn Avenue

City

Glendale

State

WI

Zip Code

53209-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-516

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Philip Andrew Ware

Mailing Address 7900 N Berwyn Avenue

City

Glendale

State

WI

Zip Code

53209-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-515

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Philip Andrew Ware

Mailing Address 7900 N Berwyn Avenue

City

Glendale

State

WI

Zip Code

53209-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-515

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 507 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Philip Andrew Ware

Mailing Address 7900 N Berwyn Avenue

City

Glendale

State

WI

Zip Code

53209-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-516

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Andrew T. Wassweiler

Mailing Address 6746 River Terrace D

City

Franklin

State

WI

Zip Code

53132

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-813

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Alison Watson

Mailing Address 629 Constitution Ave NE
Apt 105

City

Washington

State

DC

Zip Code

20002-6086

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir Fed Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1078-13-0

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 508 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Alison Watson

Mailing Address 629 Constitution Ave NE
Apt 105

City State Zip Code
Washington DC 20002-6086

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir Fed Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1076-10-0

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Alison Watson

Mailing Address 629 Constitution Avenue

City State Zip Code
Washington DC 20002-6086

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir Fed Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1142-14-15

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Alison Watson

Mailing Address 629 Constitution Avenue

City State Zip Code
Washington DC 20002-6086

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir Fed Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1142-15-1

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 509 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Alison Watson

Mailing Address 629 Constitution Avenue

City

Washington

State

DC

Zip Code

20002-6086

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Fed Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1132-17-1

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Alison Watson

Mailing Address 629 Constitution Avenue

City

Washington

State

DC

Zip Code

20002-6086

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Fed Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-1059

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Alison Watson

Mailing Address 629 Constitution Avenue

City

Washington

State

DC

Zip Code

20002-6086

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Fed Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-1057

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 510 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Alison Watson

Mailing Address 629 Constitution Avenue

City

Washington

State

DC

Zip Code

20002-6086

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Fed Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-1057

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Alison Watson

Mailing Address 629 Constitution Avenue

City

Washington

State

DC

Zip Code

20002-6086

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Fed Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1056

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Robert J. Welsh

Mailing Address S68 W17598 Marybeck

City

Muskego

State

WI

Zip Code

53150

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir EE Comp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-949

Amount of Each Receipt this Period

9.00

SUBTOTAL of Receipts This Page (optional)

109.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 511 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey B. Williams

Mailing Address 2004 N 72nd Street

City

Wauwatosa

State

WI

Zip Code

53213-1828

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Corp Risk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-594-13-0

Amount of Each Receipt this Period

24.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey B. Williams

Mailing Address 2004 N 72nd Street

City

Wauwatosa

State

WI

Zip Code

53213-1828

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Corp Risk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-594-10-0

Amount of Each Receipt this Period

24.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey B. Williams

Mailing Address 2004 N 72nd Street

City

Wauwatosa

State

WI

Zip Code

53213-1828

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Corp Risk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-662-14-15

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)

72.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 512 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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A.

Full Name (Last, First, Middle Initial)

Jeffrey B. Williams

Mailing Address 2004 N 72nd Street

City

Wauwatosa

State

WI

Zip Code

53213-1828

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

VP Corp Risk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	9	

Transaction ID: 20090902-662-15-1

Amount of Each Receipt this Period

24.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey B. Williams

Mailing Address 2004 N 72nd Street

City

Wauwatosa

State

WI

Zip Code

53213-1828

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

VP Corp Risk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	9	

Transaction ID: 20090921-659-17-1

Amount of Each Receipt this Period

24.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey B. Williams

Mailing Address 2004 N 72nd Street

City

Wauwatosa

State

WI

Zip Code

53213-1828

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

VP Corp Risk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	9	

Transaction ID: 20091008104013-585

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)

72.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 513 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey B. Williams

Mailing Address 2004 N 72nd Street

City

Wauwatosa

State

WI

Zip Code

53213-1828

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Corp Risk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Transaction ID: 20091015164625-584

Amount of Each Receipt this Period

24.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey B. Williams

Mailing Address 2004 N 72nd Street

City

Wauwatosa

State

WI

Zip Code

53213-1828

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Corp Risk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	9

Transaction ID: 20091105152628-584

Amount of Each Receipt this Period

24.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey B. Williams

Mailing Address 2004 N 72nd Street

City

Wauwatosa

State

WI

Zip Code

53213-1828

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Corp Risk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: 2009111816423-585

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)

72.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 514 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John A Williamson, Jr.

Mailing Address 608 Euclid Avenue

City

Birmingham

State

AL

Zip Code

35213-2518

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Fncl Nwk Of AL Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1188-13-1

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

John A Williamson, Jr.

Mailing Address 608 Euclid Avenue

City

Birmingham

State

AL

Zip Code

35213-2518

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Fncl Nwk Of AL Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1186-10-0

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

John A Williamson, Jr.

Mailing Address 608 Euclid Avenue

City

Birmingham

State

AL

Zip Code

35213-2518

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Fncl Nwk Of AL Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-11-14-0

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 515 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John A Williamson, Jr.

Mailing Address 608 Euclid Avenue

City

Birmingham

State

AL

Zip Code

35213-2518

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Fncl Nwk Of AL Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-11-14-46

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

John A Williamson, Jr.

Mailing Address 608 Euclid Avenue

City

Birmingham

State

AL

Zip Code

35213-2518

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Fncl Nwk Of AL Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-11-16-16

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

John A Williamson, Jr.

Mailing Address 608 Euclid Avenue

City

Birmingham

State

AL

Zip Code

35213-2518

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Fncl Nwk Of AL Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-11

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 516 / 574
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John A Williamson, Jr.

Mailing Address 608 Euclid Avenue

City

Birmingham

State

AL

Zip Code

35213-2518

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Fncl Nwk Of AL Inc

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-11

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

John A Williamson, Jr.

Mailing Address 608 Euclid Avenue

City

Birmingham

State

AL

Zip Code

35213-2518

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Fncl Nwk Of AL Inc

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-11

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

John A Williamson, Jr.

Mailing Address 608 Euclid Avenue

City

Birmingham

State

AL

Zip Code

35213-2518

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Fncl Nwk Of AL Inc

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-11

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 517 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Brian D. Wilson

Mailing Address 11128 N Whilton Road

City

Mequon

State

WI

Zip Code

53097-3439

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Ips Mkt & Sls

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1185-15-1

Amount of Each Receipt this Period

19.00

B.

Full Name (Last, First, Middle Initial)

Brian D. Wilson

Mailing Address 11128 N Whilton Road

City

Mequon

State

WI

Zip Code

53097-3439

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Ips Mkt & Sls

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1174-17-1

Amount of Each Receipt this Period

19.00

C.

Full Name (Last, First, Middle Initial)

Brian D. Wilson

Mailing Address 11128 N Whilton Road

City

Mequon

State

WI

Zip Code

53097-3439

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Ips Mkt & Sls

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-1101

Amount of Each Receipt this Period

19.00

SUBTOTAL of Receipts This Page (optional)

57.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 518 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

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Full Name (Last, First, Middle Initial)

Brian D. Wilson

Mailing Address 11128 N Whilton Road

City

Mequon

State

WI

Zip Code

53097-3439

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Ips Mkt & Sls

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-1099

Amount of Each Receipt this Period

19.00

B.

Full Name (Last, First, Middle Initial)

Brian D. Wilson

Mailing Address 11128 N Whilton Road

City

Mequon

State

WI

Zip Code

53097-3439

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Ips Mkt & Sls

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-1099

Amount of Each Receipt this Period

19.00

C.

Full Name (Last, First, Middle Initial)

Brian D. Wilson

Mailing Address 11128 N Whilton Road

City

Mequon

State

WI

Zip Code

53097-3439

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Ips Mkt & Sls

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1098

Amount of Each Receipt this Period

19.00

SUBTOTAL of Receipts This Page (optional)

57.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 519 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

James R Worrell

Mailing Address 2218 Hopedale Avenue

City

Charlotte

State

NC

Zip Code

28207-2130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Worrell Gen Agt Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2640.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1181-13-1

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

James R Worrell

Mailing Address 2218 Hopedale Avenue

City

Charlotte

State

NC

Zip Code

28207-2130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Worrell Gen Agt Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2640.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1179-10-0

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

James R Worrell

Mailing Address 2218 Hopedale Avenue

City

Charlotte

State

NC

Zip Code

28207-2130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Worrell Gen Agt Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2640.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-4-14-0

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 520 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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The Northwestern Mutual Life Insurance Company Federal PAC

A.

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James R Worrell

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State

NC

Zip Code

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FEC ID number of contributing
federal political committee.

C

Name of Employer
Worrell Gen Agt Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2640.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-4-14-46

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

James R Worrell

Mailing Address 2218 Hopedale Avenue

City

Charlotte

State

NC

Zip Code

28207-2130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Worrell Gen Agt Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2640.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-4-16-16

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

James R Worrell

Mailing Address 2218 Hopedale Avenue

City

Charlotte

State

NC

Zip Code

28207-2130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Worrell Gen Agt Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2640.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-4

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

516.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 521 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

James R Worrell

Mailing Address 2218 Hopedale Avenue

City

Charlotte

State

NC

Zip Code

28207-2130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Worrell Gen Agt Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2640.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-4

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

James R Worrell

Mailing Address 2218 Hopedale Avenue

City

Charlotte

State

NC

Zip Code

28207-2130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Worrell Gen Agt Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2640.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-4

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

James R Worrell

Mailing Address 2218 Hopedale Avenue

City

Charlotte

State

NC

Zip Code

28207-2130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Worrell Gen Agt Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2640.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-4

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 522 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John W Wright, II

Mailing Address 4463 Jett Road Northwest

City

Atlanta

State

GA

Zip Code

30327-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goodwin Wright Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.44

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1226-13-1

Amount of Each Receipt this Period

20.84

B.

Full Name (Last, First, Middle Initial)

John W Wright, II

Mailing Address 4463 Jett Road Northwest

City

Atlanta

State

GA

Zip Code

30327-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goodwin Wright Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.44

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1223-10-0

Amount of Each Receipt this Period

20.84

C.

Full Name (Last, First, Middle Initial)

John W Wright, II

Mailing Address 4463 Jett Road Northwest

City

Atlanta

State

GA

Zip Code

30327-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goodwin Wright Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.44

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-48-14-0

Amount of Each Receipt this Period

20.84

SUBTOTAL of Receipts This Page (optional)

62.52

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 523 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John W Wright, II

Mailing Address 4463 Jett Road Northwest

City

Atlanta

State

GA

Zip Code

30327-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goodwin Wright Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.44

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-48-14-46

Amount of Each Receipt this Period

20.84

B.

Full Name (Last, First, Middle Initial)

John W Wright, II

Mailing Address 4463 Jett Road Northwest

City

Atlanta

State

GA

Zip Code

30327-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goodwin Wright Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.44

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-49-16-16

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

John W Wright, II

Mailing Address 4463 Jett Road Northwest

City

Atlanta

State

GA

Zip Code

30327-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goodwin Wright Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.44

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-49

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

220.84

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 524 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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A.

Full Name (Last, First, Middle Initial)

John W Wright, II

Mailing Address 4463 Jett Road Northwest

City

Atlanta

State

GA

Zip Code

30327-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goodwin Wright Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.44

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-49

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

John W Wright, II

Mailing Address 4463 Jett Road Northwest

City

Atlanta

State

GA

Zip Code

30327-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goodwin Wright Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.44

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-49

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

John W Wright, II

Mailing Address 4463 Jett Road Northwest

City

Atlanta

State

GA

Zip Code

30327-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goodwin Wright Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.44

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-49

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Conrad C. York

Mailing Address 522 Heather Lane

City

Wales

State

WI

Zip Code

53183-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-795-13-0

Amount of Each Receipt this Period

55.00

B.

Full Name (Last, First, Middle Initial)

Conrad C. York

Mailing Address 522 Heather Lane

City

Wales

State

WI

Zip Code

53183-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-794-10-0

Amount of Each Receipt this Period

55.00

C.

Full Name (Last, First, Middle Initial)

Conrad C. York

Mailing Address 522 Heather Lane

City

Wales

State

WI

Zip Code

53183-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-861-14-15

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 526 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Conrad C. York

Mailing Address 522 Heather Lane

City

Wales

State

WI

Zip Code

53183-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-861-15-1

Amount of Each Receipt this Period

55.00

B.

Full Name (Last, First, Middle Initial)

Conrad C. York

Mailing Address 522 Heather Lane

City

Wales

State

WI

Zip Code

53183-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-856-17-1

Amount of Each Receipt this Period

55.00

C.

Full Name (Last, First, Middle Initial)

Conrad C. York

Mailing Address 522 Heather Lane

City

Wales

State

WI

Zip Code

53183-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-783

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 527 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Conrad C. York

Mailing Address 522 Heather Lane

City

Wales

State

WI

Zip Code

53183-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-782

Amount of Each Receipt this Period

55.00

B.

Full Name (Last, First, Middle Initial)

Conrad C. York

Mailing Address 522 Heather Lane

City

Wales

State

WI

Zip Code

53183-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-782

Amount of Each Receipt this Period

55.00

C.

Full Name (Last, First, Middle Initial)

Conrad C. York

Mailing Address 522 Heather Lane

City

Wales

State

WI

Zip Code

53183-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-782

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 528 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Catherine M. Young

Mailing Address 929 N Astor Street Unit

City

Milwaukee

State

WI

Zip Code

53202-7000

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1135-10-0

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Catherine M. Young

Mailing Address 929 N Astor Street Unit

City

Milwaukee

State

WI

Zip Code

53202-7000

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1201-14-15

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Catherine M. Young

Mailing Address 929 N Astor Street Unit

City

Milwaukee

State

WI

Zip Code

53202-7000

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1201-15-1

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 529 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Catherine M. Young

Mailing Address 929 N Astor Street Unit

City

Milwaukee

State

WI

Zip Code

53202-7000

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1190-17-1

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Catherine M. Young

Mailing Address 929 N Astor Street Unit

City

Milwaukee

State

WI

Zip Code

53202-7000

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-1117

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Catherine M. Young

Mailing Address 929 N Astor Street Unit

City

Milwaukee

State

WI

Zip Code

53202-7000

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-1115

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 530 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Mailing Address 929 N Astor Street Unit

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State

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Zip Code

53202-7000

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-1115

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Catherine M. Young

Mailing Address 929 N Astor Street Unit

City

Milwaukee

State

WI

Zip Code

53202-7000

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1114

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

John E. Young

Mailing Address 6728 Maple Terrace

City

Wauwatosa

State

WI

Zip Code

53213-3259

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir IS Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-909

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)

51.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 531 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John E. Young

Mailing Address 6728 Maple Terrace

City

Wauwatosa

State

WI

Zip Code

53213-3259

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir IS Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-909

Amount of Each Receipt this Period

11.00

B.

Full Name (Last, First, Middle Initial)

Michael L. Youngman

Mailing Address 716 E Sylvan Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5350

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1212.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-988-13-0

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Michael L. Youngman

Mailing Address 716 E Sylvan Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5350

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1212.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-986-10-0

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

131.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 532 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Mailing Address 716 E Sylvan Avenue

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Whitefish Bay

State

WI

Zip Code

53217-5350

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1212.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1053-14-15

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Michael L. Youngman

Mailing Address 716 E Sylvan Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5350

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1212.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1053-15-1

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Michael L. Youngman

Mailing Address 716 E Sylvan Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5350

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1212.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1046-17-1

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 533 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Michael L. Youngman

Mailing Address 716 E Sylvan Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5350

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federal political committee.

C

Name of Employer
NML

Occupation

VP Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1212.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-972

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Michael L. Youngman

Mailing Address 716 E Sylvan Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5350

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1212.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-971

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Michael L. Youngman

Mailing Address 716 E Sylvan Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5350

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1212.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-971

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Michael L. Youngman

Mailing Address 716 E Sylvan Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5350

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1212.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-971

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Thomas Scott Zach

Mailing Address 6630 County Creek Lane

City

Cedar Rapids

State

IA

Zip Code

52403-7023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1238-13-1

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Thomas Scott Zach

Mailing Address 6630 County Creek Lane

City

Cedar Rapids

State

IA

Zip Code

52403-7023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1235-10-0

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

144.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 535 / 574

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Thomas Scott Zach

Mailing Address 6630 County Creek Lane

City

Cedar Rapids

State

IA

Zip Code

52403-7023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-60-14-0

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Thomas Scott Zach

Mailing Address 6630 County Creek Lane

City

Cedar Rapids

State

IA

Zip Code

52403-7023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-60-14-46

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Thomas Scott Zach

Mailing Address 6630 County Creek Lane

City

Cedar Rapids

State

IA

Zip Code

52403-7023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-63-16-16

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 536 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Thomas Scott Zach

Mailing Address 6630 County Creek Lane

City

Cedar Rapids

State

IA

Zip Code

52403-7023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-63

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Thomas Scott Zach

Mailing Address 6630 County Creek Lane

City

Cedar Rapids

State

IA

Zip Code

52403-7023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-63

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Thomas Scott Zach

Mailing Address 6630 County Creek Lane

City

Cedar Rapids

State

IA

Zip Code

52403-7023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-63

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 537 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

Thomas Scott Zach

Mailing Address 6630 County Creek Lane

City

Cedar Rapids

State

IA

Zip Code

52403-7023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-63

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Thomas D. Zale

Mailing Address 2818 E Menlo Boulevard

City

Shorewood

State

WI

Zip Code

53211-2652

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-822-13-0

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Thomas D. Zale

Mailing Address 2818 E Menlo Boulevard

City

Shorewood

State

WI

Zip Code

53211-2652

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-821-10-0

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

142.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Thomas D. Zale

Mailing Address 2818 E Menlo Boulevard

City

Shorewood

State

WI

Zip Code

53211-2652

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-888-14-15

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Thomas D. Zale

Mailing Address 2818 E Menlo Boulevard

City

Shorewood

State

WI

Zip Code

53211-2652

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-888-15-1

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Thomas D. Zale

Mailing Address 2818 E Menlo Boulevard

City

Shorewood

State

WI

Zip Code

53211-2652

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-883-17-1

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 539 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Thomas D. Zale

Mailing Address 2818 E Menlo Boulevard

City

Shorewood

State

WI

Zip Code

53211-2652

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-810

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Thomas D. Zale

Mailing Address 2818 E Menlo Boulevard

City

Shorewood

State

WI

Zip Code

53211-2652

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-809

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Thomas D. Zale

Mailing Address 2818 E Menlo Boulevard

City

Shorewood

State

WI

Zip Code

53211-2652

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-809

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 540 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Thomas D. Zale

Mailing Address 2818 E Menlo Boulevard

City

Shorewood

State

WI

Zip Code

53211-2652

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-809

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Diana M. Zawada

Mailing Address N1 W311143 Wildwood

City

Delafield

State

WI

Zip Code

53018

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Fac Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-797-13-0

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Diana M. Zawada

Mailing Address N1 W311143 Wildwood

City

Delafield

State

WI

Zip Code

53018

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Fac Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-796-10-0

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

84.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 541 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Diana M. Zawada

Mailing Address N1 W311143 Wildwood

City

Delafield

State

WI

Zip Code

53018

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Fac Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-863-14-15

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Diana M. Zawada

Mailing Address N1 W311143 Wildwood

City

Delafield

State

WI

Zip Code

53018

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Fac Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-863-15-1

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Diana M. Zawada

Mailing Address N1 W311143 Wildwood

City

Delafield

State

WI

Zip Code

53018

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Fac Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-858-17-1

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 542 / 574

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Diana M. Zawada

Mailing Address N1 W311143 Wildwood

City

Delafield

State

WI

Zip Code

53018

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Fac Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-785

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Diana M. Zawada

Mailing Address N1 W311143 Wildwood

City

Delafield

State

WI

Zip Code

53018

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Fac Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-784

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Diana M. Zawada

Mailing Address N1 W311143 Wildwood

City

Delafield

State

WI

Zip Code

53018

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Fac Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-784

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 543 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Diana M. Zawada

Mailing Address N1 W311143 Wildwood

City

Delafield

State

WI

Zip Code

53018

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Fac Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-784

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Rick T. Zehner

Mailing Address 203 W Ravine Baye

City

Bayside

State

WI

Zip Code

53217-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dist Strat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1007-13-0

Amount of Each Receipt this Period

31.00

C.

Full Name (Last, First, Middle Initial)

Rick T. Zehner

Mailing Address 203 W Ravine Baye

City

Bayside

State

WI

Zip Code

53217-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dist Strat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1005-10-0

Amount of Each Receipt this Period

31.00

SUBTOTAL of Receipts This Page (optional)

79.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 544 / 574

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Rick T. Zehner

Mailing Address 203 W Ravine Baye

City

Bayside

State

WI

Zip Code

53217-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dist Strat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	9	

Transaction ID: 20090819-1072-14-15

Amount of Each Receipt this Period

31.00

B.

Full Name (Last, First, Middle Initial)

Rick T. Zehner

Mailing Address 203 W Ravine Baye

City

Bayside

State

WI

Zip Code

53217-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dist Strat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	9	

Transaction ID: 20090902-1072-15-1

Amount of Each Receipt this Period

31.00

C.

Full Name (Last, First, Middle Initial)

Rick T. Zehner

Mailing Address 203 W Ravine Baye

City

Bayside

State

WI

Zip Code

53217-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dist Strat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	9	

Transaction ID: 20090921-1065-17-1

Amount of Each Receipt this Period

31.00

SUBTOTAL of Receipts This Page (optional)

93.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 545 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Rick T. Zehner

Mailing Address 203 W Ravine Baye

City

Bayside

State

WI

Zip Code

53217-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dist Strat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-991

Amount of Each Receipt this Period

31.00

B.

Full Name (Last, First, Middle Initial)

Rick T. Zehner

Mailing Address 203 W Ravine Baye

City

Bayside

State

WI

Zip Code

53217-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dist Strat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-990

Amount of Each Receipt this Period

31.00

C.

Full Name (Last, First, Middle Initial)

Rick T. Zehner

Mailing Address 203 W Ravine Baye

City

Bayside

State

WI

Zip Code

53217-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dist Strat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-990

Amount of Each Receipt this Period

31.00

SUBTOTAL of Receipts This Page (optional)

93.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 546 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Rick T. Zehner

Mailing Address 203 W Ravine Baye

City

Bayside

State

WI

Zip Code

53217-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dist Strat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-989

Amount of Each Receipt this Period

31.00

B.

Full Name (Last, First, Middle Initial)

Todd O. Zinkgraf

Mailing Address 118 Ferris Drive

City

North Prairie

State

WI

Zip Code

53153-9455

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Enterprise Sol

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1014

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Edward J. Zore

Mailing Address 2505 W Dean Road

City

River Hills

State

WI

Zip Code

53217-2010

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1039-13-0

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

249.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 547 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Edward J. Zore

Mailing Address 2505 W Dean Road

City

River Hills

State

WI

Zip Code

53217-2010

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1037-10-0

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Edward J. Zore

Mailing Address 2505 W Dean Road

City

River Hills

State

WI

Zip Code

53217-2010

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-1105-14-15

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Edward J. Zore

Mailing Address 2505 W Dean Road

City

River Hills

State

WI

Zip Code

53217-2010

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-1105-15-1

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 548 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Edward J. Zore

Mailing Address 2505 W Dean Road

City

River Hills

State

WI

Zip Code

53217-2010

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-1097-17-1

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Edward J. Zore

Mailing Address 2505 W Dean Road

City

River Hills

State

WI

Zip Code

53217-2010

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008104013-1024

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Edward J. Zore

Mailing Address 2505 W Dean Road

City

River Hills

State

WI

Zip Code

53217-2010

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091015164625-1023

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 549 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Edward J. Zore

Mailing Address 2505 W Dean Road

City

River Hills

State

WI

Zip Code

53217-2010

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152628-1023

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Edward J. Zore

Mailing Address 2505 W Dean Road

City

River Hills

State

WI

Zip Code

53217-2010

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 2009111816423-1022

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey Zuzolo

Mailing Address 104 Wildwood Drive

City

Avon

State

CT

Zip Code

06001-4413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20090720-1202-13-1

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 550 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey Zuzolo

Mailing Address 104 Wildwood Drive

City

Avon

State

CT

Zip Code

06001-4413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20090804-1200-10-0

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Zuzolo

Mailing Address 104 Wildwood Drive

City

Avon

State

CT

Zip Code

06001-4413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 9

Transaction ID: 20090819-25-14-0

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey Zuzolo

Mailing Address 104 Wildwood Drive

City

Avon

State

CT

Zip Code

06001-4413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 20090902-25-14-46

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 551 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey Zuzolo

Mailing Address 104 Wildwood Drive

City

Avon

State

CT

Zip Code

06001-4413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090921-25-16-16

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Zuzolo

Mailing Address 104 Wildwood Drive

City

Avon

State

CT

Zip Code

06001-4413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 20091008103448-25

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey Zuzolo

Mailing Address 104 Wildwood Drive

City

Avon

State

CT

Zip Code

06001-4413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009102293957-25

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 552 / 574

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey Zuzolo

Mailing Address 104 Wildwood Drive

City

Avon

State

CT

Zip Code

06001-4413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 20091105152043-25

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Zuzolo

Mailing Address 104 Wildwood Drive

City

Avon

State

CT

Zip Code

06001-4413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4368.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091118163132-25

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

416.00

TOTAL This Period (last page this line number only)

112966.38

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 553 / 574

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) US Bank</p> <p>Mailing Address 777 E. Wisconsin Ave.</p> <p>City Milwaukee State WI Zip Code 53202</p> <p>Purpose of Disbursement Service Charge Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8478372A0AF37E86748</p> <p>Date of Disbursement 07 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 59.60</p> <p>001 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) US Bank</p> <p>Mailing Address 777 E. Wisconsin Ave.</p> <p>City Milwaukee State WI Zip Code 53202</p> <p>Purpose of Disbursement Service Charge Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9C887B2CBD06C69E0EC</p> <p>Date of Disbursement 08 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 54.32</p> <p>001 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) US Bank</p> <p>Mailing Address 777 E. Wisconsin Ave.</p> <p>City Milwaukee State WI Zip Code 53202</p> <p>Purpose of Disbursement Service Charge Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B999DB5CFAB37556106</p> <p>Date of Disbursement 09 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 54.01</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

167.93

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 554 / 574

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

US Bank

Mailing Address 777 E. Wisconsin Ave.

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement

Service Charge

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 946BD0E9439A0B223B3

Date of Disbursement

10 / 15 / 2009

Amount of Each Disbursement this Period

57.12

B.

Full Name (Last, First, Middle Initial)

US Bank

Mailing Address 777 E. Wisconsin Ave.

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement

Service Charge

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: E7C3E690B80F3471F84

Date of Disbursement

11 / 15 / 2009

Amount of Each Disbursement this Period

54.01

SUBTOTAL of Disbursements This Page (optional)

111.13

TOTAL This Period (last page this line number only)

279.06

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 555 / 574

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

A Lot of People for Dave Obey

Mailing Address PO Box 1322

City
WausauState
WIZip Code
54402Purpose of Disbursement
2010 PrimaryCandidate Name
David Robert Obey011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 07

Transaction ID: 1ED1FB11398CF361CCD

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	9

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

American Bankers Association PAC (BANKPAC)

Mailing Address 1120 Connecticut Avenue NW
Suite 600City
WashingtonState
DCZip Code
20036Purpose of Disbursement
2009 ContributionCandidate Name
American Bankers Association PAC (BANKPAC)011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: C42D285E4083C03FF47

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

AMERIPAC: The Fund for a Greater America

Mailing Address 607 14th Street, NW, Suite 800

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
2009 ContributionCandidate Name
AMERIPAC: The Fund for a Greater America011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 316BA503AFEE1D4905B

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 556 / 574

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Bachus for Congress Committee	Transaction ID: E206D063B70ED8C2D00 Date of Disbursement																				
Mailing Address PO Box 131134	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	9												
City Birmingham State AL Zip Code 35213	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Spencer T. Bachus, III	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					
B. Full Name (Last, First, Middle Initial) Becerra for Congress	Transaction ID: CDF0E9351678CF8D439 Date of Disbursement																				
Mailing Address PO Box 261060	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	9												
City Los Angeles State CA Zip Code 90026	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Xavier Becerra	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					
C. Full Name (Last, First, Middle Initial) Bennett Election Committee Inc	Transaction ID: BCC9ABA3B1EB0531790 Date of Disbursement																				
Mailing Address 175 South West Temple Suite 650	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	0	9												
City Salt Lake City State UT Zip Code 84101	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Robert F. Bennett	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 557 / 574

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Bluegrass Committee	Transaction ID: C9A923CC4E6C2A9B3F6 Date of Disbursement																				
Mailing Address 400 N Capitol St NW #585	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	9												
City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2009 Contribution Candidate Name Bluegrass Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Category/Type 011																					
B. Full Name (Last, First, Middle Initial) Bob Corker for Senate 2012	Transaction ID: 2C57533816436CB5E4E Date of Disbursement																				
Mailing Address PO Box 848	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	7		2	0	0	9												
City Chattanooga State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary Candidate Name Bob Corker Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Category/Type 011																					
C. Full Name (Last, First, Middle Initial) Brad Miller for United States Congress	Transaction ID: 2FB68DCD3FCBC796338 Date of Disbursement																				
Mailing Address PO Box 10322	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	1		2	0	0	9												
City Raleigh State NC Zip Code 27605	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name R. Bradley Miller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Category/Type 011																					

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Capuano for Senate Committee

Mailing Address 172 Central St

City
Somerville

State
MA

Zip Code
02145

Purpose of Disbursement
2009 Special Primary

011

Category/
Type

Candidate Name
Michael E. Capuano

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District:

Transaction ID: F00CF4F324DA598AF84

Date of Disbursement

11 / 09 / 2009

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Carper for Senate

Mailing Address 19 East Commons Blvd Second Floor

City
New Castle

State
DE

Zip Code
19720

Purpose of Disbursement
2012 Primary

011

Category/
Type

Candidate Name
Thomas Robert Carper

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: DE District:

Transaction ID: 11F31860280573DED66

Date of Disbursement

09 / 16 / 2009

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Castle Campaign Fund

Mailing Address PO Box 133

City
Wilmington

State
DE

Zip Code
19899

Purpose of Disbursement
2010 Primary

011

Category/
Type

Candidate Name
Michael N. Castle

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: DE District: 01

Transaction ID: 4A51AFA1BA1760BFEBF

Date of Disbursement

10 / 26 / 2009

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 559 / 574

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Charles Boustany Jr MD for Congress, Inc	Transaction ID: C62E6F188C10936E931 Date of Disbursement																				
Mailing Address PO Box 80126	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	0		2	0	0	9												
City Lafayette State LA Zip Code 70598	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Charles W. Boustany, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 07	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Category/Type 011																					
B. Full Name (Last, First, Middle Initial) Congressional Black Caucus PAC	Transaction ID: 7C5C5275972383FC1F3 Date of Disbursement																				
Mailing Address 227 Massachusetts Ave., NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	5		2	0	0	9												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2009 Contribution Candidate Name Congressional Black Caucus PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Category/Type 011																					
C. Full Name (Last, First, Middle Initial) Dave Camp for Congress 2010	Transaction ID: 89D2AC8DE0D6BE57FC0 Date of Disbursement																				
Mailing Address 5915 Eastman Avenue Suite 100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	5		2	0	0	9												
City Midland State MI Zip Code 48640	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Dave Camp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 04	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Category/Type 011																					

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 560 / 574

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Evan Bayh Committee	Transaction ID: E48B34D7CAE9606A530 Date of Disbursement																				
Mailing Address 850 Fort Wayne Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	8		2	0	0	9												
City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Evan Bayh	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					
B. Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ERICPAC)	Transaction ID: 1BB2AABF49EF478ABF7 Date of Disbursement																				
Mailing Address 25 East Main Street, Suite 200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	5		2	0	0	9												
City Richmond State VA Zip Code 23219	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2009 Contribution Candidate Name Every Republican Is Crucial (ERICPAC)	<table border="1"> <tr> <td colspan="10">3500.00</td> </tr> </table>	3500.00																			
3500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					
C. Full Name (Last, First, Middle Initial) Friends for Harry Reid	Transaction ID: F93A5B9894136B475A1 Date of Disbursement																				
Mailing Address PO Box 19163	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	5		2	0	0	9												
City Las Vegas State NV Zip Code 89132	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Harry M. Reid	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">8000.00</td> </tr> </table>	8000.00																			
8000.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln Mailing Address PO Box 3197	Transaction ID: 7D3F723C1151891D471 Date of Disbursement <div> <div>09</div> <div>25</div> <div>2009</div> </div>
City Little Rock State AR Zip Code 72203 Purpose of Disbursement 2010 Primary Candidate Name Blanche Lambert Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District:	Amount of Each Disbursement this Period <div>2500.00</div> <div>011</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Friends of Byron Dorgan Mailing Address PO Box 871	Transaction ID: 0180018F3FC287E042D Date of Disbursement <div> <div>07</div> <div>28</div> <div>2009</div> </div>
City Bismarck State ND Zip Code 58502 Purpose of Disbursement 2010 Primary Candidate Name Byron L. Dorgan Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ND District:	Amount of Each Disbursement this Period <div>2000.00</div> <div>011</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Friends of Charlie Wilson Mailing Address PO Box 61	Transaction ID: EB6289BD9DB47D4F1DB Date of Disbursement <div> <div>09</div> <div>17</div> <div>2009</div> </div>
City St. Clairsville State OH Zip Code 43950 Purpose of Disbursement 2010 Primary Candidate Name Charles A. Wilson, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 06	Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 562 / 574

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Friends of Chris Dodd</p> <p>Mailing Address PO Box 270701</p> <p>City West Hartford State CT Zip Code 06127</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Christopher J. Dodd</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: F951719269A7661D3EA</p> <p>Date of Disbursement 09 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Friends of Dan Maffei</p> <p>Mailing Address PO Box 74</p> <p>City Syracuse State NY Zip Code 13214</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Daniel Benjamin Maffei</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 25</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: DEF22BA4210369E76D2</p> <p>Date of Disbursement 09 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Friends of John Barrow</p> <p>Mailing Address PO Box 8166</p> <p>City Savannah State GA Zip Code 31412</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name John Jenkins Barrow</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8BE5CE54348B2A4A704</p> <p>Date of Disbursement 09 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Friends of Roy Blunt	Transaction ID: EDC081F0040C4B03483 Date of Disbursement																				
Mailing Address PO Box 50100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	0	9
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0	7		3	0		2	0	0	9												
City Springfield State MO Zip Code 65805	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Roy D. Blunt	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Jim Himes for Congress	Transaction ID: 63621B3109F190CA93F Date of Disbursement																				
Mailing Address 857 Post Road, #312	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	4		2	0	0	9												
City Fairfield State CT Zip Code 06824	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name James A. Himes	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Kendrick Meek for Florida	Transaction ID: 3E43A452B0987922D6A Date of Disbursement																				
Mailing Address 111 NW 183rd Street Suite 325	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	1		2	0	0	9												
City Miami State FL Zip Code 33169	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Kendrick B. Meek	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>8000.00</td> </tr> </table>	8000.00																			
8000.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Kind for Congress Committee</p> <p>Mailing Address 205 5th Avenue South Suite 428</p> <p>City La Crosse State WI Zip Code 54601</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Ron Kind</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WI District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2193D1A9063938CDC2F</p> <p>Date of Disbursement 09 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>	
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Kind for Congress Committee</p> <p>Mailing Address 205 5th Avenue South Suite 428</p> <p>City La Crosse State WI Zip Code 54601</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Ron Kind</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WI District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: FB92280D000B6843688</p> <p>Date of Disbursement 10 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>	
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Larson for Congress</p> <p>Mailing Address 29 Ruff Circle</p> <p>City Glastonbury State CT Zip Code 06033</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name John B. Larson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9644F2857025BE0F062</p> <p>Date of Disbursement 07 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>	
<p>SUBTOTAL of Disbursements This Page (optional) ►</p>		<p>5500.00</p>
<p>TOTAL This Period (last page this line number only) ►</p>		

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

The Northwestern Mutual Life Insurance Company Federal PAC

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Moore for Congress	Transaction ID: 7269DB8D13BE3BD9526 Date of Disbursement
Mailing Address PO Box 16646	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 4 / 2 0 0 9</div> </div>
City Milwaukee State WI Zip Code 53216	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary	<div>1000.00</div>
Candidate Name Gwendolynne Moore	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Moore for Congress	Transaction ID: 58F9BBB9AC57B197227 Date of Disbursement
Mailing Address PO Box 16646	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 4 / 2 0 0 9</div> </div>
City Milwaukee State WI Zip Code 53216	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 General	<div>1500.00</div>
Candidate Name Gwendolynne Moore	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) National Republican Congressional Committee	Transaction ID: 601FE58A33FFB92DD80 Date of Disbursement
Mailing Address 320 First Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 1 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement 2009 Contribution	<div>1000.00</div>
Candidate Name National Republican Congressional Committee	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution
SUBTOTAL of Disbursements This Page (optional)	<div>3500.00</div>
TOTAL This Period (last page this line number only)	<div></div>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Nebraska Leadership PAC	Transaction ID: 61FD92931599FAD0724 Date of Disbursement																				
Mailing Address PO Box 3325	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	2		2	0	0	9												
City Omaha State NE Zip Code 68103	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2009 Contribution	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Nebraska Leadership PAC	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution																					
B. Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski	Transaction ID: A1206B112242EF5CFEB Date of Disbursement																				
Mailing Address 103 South Hanover Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	8		2	0	0	9												
City Nanticoke State PA Zip Code 18634	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Paul E. Kanjorski	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 11																					
C. Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee	Transaction ID: E18291BC3319214B1B5 Date of Disbursement																				
Mailing Address PO Box 75214	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	8		2	0	0	9												
City Washington State DC Zip Code 20013-5214	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Fortney H. Pete Stark	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 13																					

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

The Northwestern Mutual Life Insurance Company Federal PAC

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 569 / 574

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Price for Congress	Transaction ID: 6AD91BC9BB47FBD335B Date of Disbursement																				
Mailing Address PO Box 425	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	8		2	0	0	9												
City Roswell State GA Zip Code 30077	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Thomas E. Price	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 06	011 Category/ Type																				
B. Full Name (Last, First, Middle Initial) Richard Burr Committee, The	Transaction ID: 0906EE9912768F3D840 Date of Disbursement																				
Mailing Address Post Office Box 5928	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	4		2	0	0	9												
City Winston-Salem State NC Zip Code 27113	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Richard M. Burr	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	011 Category/ Type																				
C. Full Name (Last, First, Middle Initial) Richard E Neal for Congress Committee	Transaction ID: 4398FDA43C6852AE627 Date of Disbursement																				
Mailing Address 76 Magnolia Terrace	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	1		2	0	0	9												
City Springfield State MA Zip Code 01108	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Richard E. Neal	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 02	011 Category/ Type																				

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Scott Garrett for Congress	Transaction ID: 05832109EB5E84EC494 Date of Disbursement
Mailing Address PO Box 905	<div> <div>09</div> <div>14</div> <div>2009</div> </div>
City Newton State NJ Zip Code 07860	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary	<div>1500.00</div>
Candidate Name E. Scott Garrett	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Sensenbrenner Committee	Transaction ID: E64A3CE2AFDBB69839C Date of Disbursement
Mailing Address PO Box 575	<div> <div>07</div> <div>08</div> <div>2009</div> </div>
City Brookfield State WI Zip Code 53008	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary	<div>1000.00</div>
Candidate Name F. James Sensenbrenner, Jr.	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Shelby for U S Senate	Transaction ID: 104315E18D68286625A Date of Disbursement
Mailing Address Post Office Box 1091	<div> <div>09</div> <div>21</div> <div>2009</div> </div>
City Tuscaloosa State AL Zip Code 35403	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary	<div>1000.00</div>
Candidate Name Richard C. Shelby	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Team Emerson for Jo Ann Emerson</p> <p>Mailing Address PO Box 822</p> <p>City Cape Girardeau State MO Zip Code 63702</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Jo Ann Emerson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: DFB99366ECC46BBF22C</p> <p>Date of Disbursement 10 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Tim Johnson for South Dakota Inc</p> <p>Mailing Address PO Box 1536</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement 2014 Primary</p> <p>Candidate Name Tim Johnson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: C482108E48C8DC7235B</p> <p>Date of Disbursement 09 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Van Hollen for Congress</p> <p>Mailing Address 10537 St. Paul Street</p> <p>City Kensington State MD Zip Code 20895</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Chris Van Hollen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4C8CA5567256AB772C2</p> <p>Date of Disbursement 10 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>SUBTOTAL of Disbursements This Page (optional) ► 4500.00</p>	
<p>TOTAL This Period (last page this line number only) ►</p>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Van Hollen for Congress	Transaction ID: A55C57E0442408D9BDC Date of Disbursement
Mailing Address 10537 St. Paul Street	<div> <div>10</div> <div>20</div> <div>2009</div> </div>
City Kensington State MD Zip Code 20895	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Candidate Name Chris Van Hollen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>5000.00</div> <div>011</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Wally Herger for Congress Committee	Transaction ID: 24F5FF1E249684129DD Date of Disbursement
Mailing Address PO Box 1500	<div> <div>07</div> <div>09</div> <div>2009</div> </div>
City Chico State CA Zip Code 95927	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Candidate Name Walter Herger, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>2000.00</div> <div>011</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Wyden for Senate	Transaction ID: 468F06088440CCCFCBE Date of Disbursement
Mailing Address 232 NE 9th Avenue	<div> <div>09</div> <div>01</div> <div>2009</div> </div>
City Portland State OR Zip Code 97232	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 General Candidate Name Ron Wyden Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>3500.00</div> <div>011</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 573 / 574

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Wyden for Senate

Mailing Address 232 NE 9th Avenue

City
Portland

State
OR

Zip Code
97232

Purpose of Disbursement
2010 Primary

Candidate Name
Ron Wyden

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR

District:

Transaction ID: B17AAEC481CC76EB55A

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2009

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

108500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 574 / 574

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey L Pawlowski

Mailing Address 2519 Northwest Marsden Place

City
Portland

State
OR

Zip Code
97229-9190

Purpose of Disbursement
Refund of FEDPAC Contributions

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B95682564D9D92DF6C0

Date of Disbursement

MM / DD / YYYY
08 / 12 / 2009

Amount of Each Disbursement this Period

375.00

SUBTOTAL of Disbursements This Page (optional)

375.00

TOTAL This Period (last page this line number only)

375.00